WORKSHOP EVALUATION FORM

School of Leadership and Church Ministry

STUDENT DATA
Please Complete In Full

Student Name: ID Number:
Campus Box:

WORKSHOP EVALUATION
Must Be Completed In Full

Title:
Leader(s):
Date(s):
Term: OFA OJA OSP OSU Year____

1. Briefly describe what you learned from this workshop.

2. In what ways has this workshop benefited you in your role as a Christian educator & leader?

3. Would you recommend this workshop to others? Why or why not?

I certify with my signature that I attended in full all sessions of this workshop

Signature: Date:

OFFICE USE ONLY
Excel: Date:

On Campus 42751 Off Campus 42754 Cost: $__________ TERM:

Updated April 2002