

Course Feedback Questionnaire

Course Name: _____ *Venue:* _____ *Date(s)* _____

Participant Name (optional):

1. *How would you rate your overall experience with this course? (please circle)*

Excellent

Very Good

Good

Fair

Poor

2. *Would you recommend this course to others? (Please circle.)*

Ye s

N o

Why or why not?

3. *What did you like most about this course?*

4. *What things need to be improved or changed?*

5. *Has this course affected your faith / your relationship with God? If 'yes' how?*

6. *Please rate each of the following on a scale of 1 (poor) to 10 (excellent)*

Content of DVD presentations

Group Discussions

Course Study Guide or Notes

Course Facilitator, Organising Team and Your Group Facilitator

Dates of Course

Length/Number of Sessions

Venue Facilities/Projection and Sound System/Tea, Coffee etc

7. *If you have anything further to add please write on the reverse side of this sheet...*

Thank you for your feedback!