

Evaluation Questionnaire

Event/ Experience:				
Date:				
My - College Course: Age: Gender (m/f):				
Please rank your responses to the questions below by ticking a box (on a scale of 1 to 4 where 4 is the highest).1. I enjoyed the experience:				
1.	1	2	3	4
2.	I found the experie 1	ence interesting: 2	3	4
3. The experience gave me new ideas to think about:				
	1	2	3	4
4.	Do you have a faith	ı?		
	1	2	3	4
5. Would you recommend this experience to others? (<i>Yes/No</i>)				
	Yes	No		
Comr	nents:			

Thank you very much for completing this questionnaire.