

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.