Evaluation of the National Study Guide

Please take a few minutes and fill out this evaluation form. Your feedback will help determine how effective the preparation class has been. You do not need to sign your name.

PARISH_________________________ CHAPTER NAME ______________________________

Leader(s)  
Name ________________________________________________________________
Name  ______________________________________________________________

Date Study Program began: ________________ Date completed ________________

1. How would you evaluate the National Study Guide? (Please circle one.)
   Excellent     Good     Fair     Poor

2. Did you find it user friendly? Yes____ No____
   If not, please explain ________________________________________________
   ________________________________________________________________

3. Did you find it informative? Yes____ No____
   If not, please explain ________________________________________________
   ________________________________________________________________

4. Do you feel your time was well spent? Yes____ No____
   If not, please explain ________________________________________________
   ________________________________________________________________

5. How would you rate the class overall?
   Excellent     Good     Fair     Poor

6. Do you have any other comments or suggestions? (Please use the back of this sheet if additional space is needed.)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Your name (optional) ____________________________

THANK YOU FOR YOUR ASSISTANCE!