Program Evaluation (sample)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role (participant, staff, parent, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List things you loved

List things you could have done without

List things you wished we would have done

List times you experienced God this week

*(If you’d like to add)* What did you think about the following things:

Worship 1 2 3 4 5

Program 1 2 3 4 5

Fun time 1 2 3 4 5