

Wellbeing Through Faith Session Evaluation

Title of Session: _____

| | Strongly Agree | Agree | Unsure | Disagree | Strongly Disagree |
|--|----------------|-------|--------|----------|-------------------|
| Did you find the session interesting? | | | | | |
| Did you think there enough time for discussion? | | | | | |
| Did you think the session was well structured? | | | | | |
| Did you feel you could connect with others in the group? | | | | | |
| Did you feel comfortable to share your experiences and opinions? | | | | | |

Is there anything covered in this session that you will put into practice?

Is there anything in the session which was unhelpful or difficult to understand?

Can you suggest any improvements to the session?

Any other comments?
