

APPENDIX I

Evaluation Form

Four Gifts of Love® Class

Thank you for honestly completing this form—your answers are greatly appreciated. If you have additional comments or your answer is “no” to any of the following questions, please use the back side of this form to explain your answer.

Sessions Fully Attended: __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __

Assignments Completed: __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __

1. Did the facilitator manage the time for each session effectively? Yes__ No __
2. Were you contacted every week by the facilitator? Yes__ No __
3. Did the contacts help you complete the assignments? Yes__ No __
4. Did the facilitator encourage class participation? Yes__ No __
5. Did the facilitator handle distractions well? Yes__ No __
6. Do you feel the material helped improve your relationship with your fiancé/spouse? Yes__ No __
7. Do you feel the material helped improve your relationship with God? Yes__ No __
8. Was the material well organized? Yes__ No __
9. Would you recommend this class to your friends/family? Yes__ No __
10. Do you have any suggestions to improve the effectiveness of this facilitator? (Use back of page, if needed.)

11. Do you have any suggestions to improve the effectiveness of this class?

12. What was your favorite and least favorite assignment, activity, or session?

Favorite:

Least Favorite:
