

## 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:  
\_\_\_\_\_