

**Diocese of Easton
Commission on Ministry**

Survey of Educational Course/Seminar/Workshop

Following completion of your training experience, complete and return this survey to the Commission on Ministry within one week of your return. Your input will provide useful information for future funding. We recommend that you take this with you. Thank you.

Full name: _____

Address: _____

Parish: _____

Title of Educational Course/Seminar/Workshop: _____

Full cost of training: _____ Funding requested and obtained: _____

Date(s) of attendance: _____

Rate your experience: (circle) Low 1 2 3 4 5 Average 6 7 8 9 10 High

Briefly state worthwhile information or experience gained: _____

Would you recommend this to others? Yes _____ No _____

If you answered no, please state why not: _____

Please check level of difficulty: Too easy _____ About right _____ Too difficult _____

Any problem(s) encountered? _____

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