

WORKSHOP EVALUATION	FORM
School of Leadership and Church Ministry	

STUDENT DATA	<i>Please Complete In Full</i>
Student Name:	ID Number:
	Campus Box:

WORKSHOP EVALUATION	<i>Must Be Completed In Full</i>
Title:	
Leader(s):	
Date(s):	Term: <input type="radio"/> OFA <input type="radio"/> OJA <input type="radio"/> OSP <input type="radio"/> OSU Year _____
1. Briefly describe what you learned from this workshop.	
2. In what ways has this workshop benefited you in your role as a Christian educator & leader?	
3. Would you recommend this workshop to others? Why or why not?	

<i>I certify with my signature that I attended in full all sessions of this workshop</i>	
Signature:	Date:

OFFICE USE ONLY	Excel: _____	Date: _____
On Campus 42751	Off Campus 42754	Cost: \$ _____
		TERM: _____