



ZION CITY EVALUATION FORMS

Specific Date: ____/____/____ or General Evaluation _____

Please rate the following on a scale of 1 - 5 (5 having the greatest value). Please circle your answer.



Instructor Evaluation for _____

Description _____

- Class
- Conference
- Course
- Meeting
- Rehearsal
- Seminar
- Session
- Training
- Workshop

Descriptive Evaluation:

Please rate the overall quality of the program/service:

1 2 3 4 5

1. The instructor was effective in communicating the purpose of the above service:
1 2 3 4 5
2. The instructor was professional and demonstrated the type of leadership worth following:
1 2 3 4 5
3. Evaluate the speaker's responsiveness to participant needs and questions:
1 2 3 4 5
4. How has this instructor equipped you in your ability and/or desire to serve?
1 2 3 4 5
5. In what ways or areas would you suggest improvement for this instructor?
1 2 3 4 5
6. Would you recommend this instructor to a friend? ____ Yes ____ No

Descriptive Evaluation:

1. How has this subject equipped you in your ability and/or desire to serve?

2. How can this program/service be improved?

3. Would you recommend the above program/service to a friend? ____ Yes ____ No
4. Additional comments regarding your experience: _____
5. What program/service/topics would you like to see addressed by ZION CITY in the future?
