

DIOCESE OF LONG ISLAND CLERGY CONTINUING EDUCATION EVALUATION FORM

Name: _____ Date: _____

Type of Program: Academic/Theological Course Professional Personal

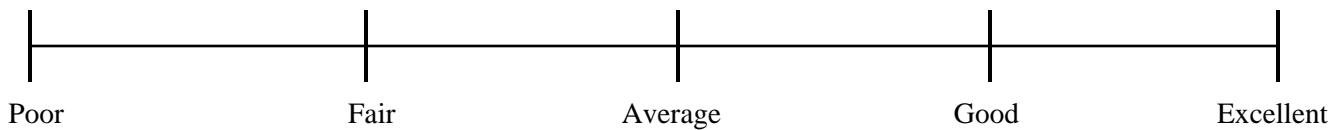
Title of Program: _____

Location of Program: _____ # CEU's Granted _____

Please attach a description from catalogue or brochure of attended program if not sponsored by Diocese of Long Island or Mercer School of Theology

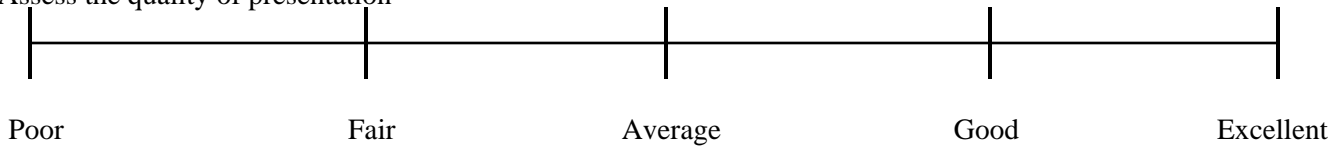
Please circle the number that best reflects your answer to each question. A space for comments is provided.

1. Assess how well the program accomplished its stated goal(s) or purpose(s)



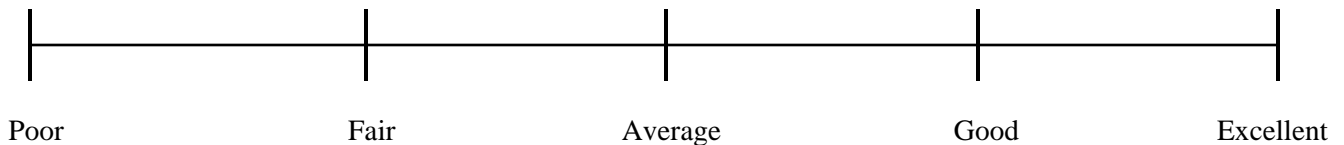
Comments:

2. Assess the quality of presentation



Comments:

3. Assess the value of the content and/or skills acquired in this program to your professional and/or personal development.



Comments:

Continued on back

4. What was good about this program/event?

5. What was disappointing about it?

6. Your comments on the program overall:

7. Would you recommend something similar to other clergy?

8. Suggestions for improving the event:

9. Suggestions for future continuing education events:

Your comments are important to us. Please note that we may share some of the contents received in order to assist others attending this or a similar program. Please return this form in the container provided or to the DCOM-CE through the Mercer School of Theology at 65 Fourth Street, Garden City, NY 11530.

Thank you for your time.

The Continuing Education Committee of the Diocesan Commission on Ministry