

“Creating Relationship Excellence” Workshop Evaluation Form

We appreciate your participation in this workshop! Your valuable feedback will help us to enhance, improve, and create meaningful materials and workshops in the future. Please MARK the appropriate boxes and add your comments at the bottom of the form.

Relationship Status

Your current age?								
What is your current relationship status? (Mark all that apply)	Single	Casually Dating	Seriously Courting	Engaged	Married	Divorced	Separated	Widowed
How long have you been in your current relationship status?	Years							
If you have ever been married, how many times?	Times							
Are satisfied with your current relationship status?	Yes	No						
Are you in an interfaith relationship?	Yes	No						
Are you in an interracial/intercultural relationship?	Yes	No						

Relationship/Marriage Education

	A Little			A Lot	
How satisfying was the session overall?	1	2	3	4	5
How satisfying were the course materials (handout)?	1	2	3	4	5
How satisfying was the presenter?	1	2	3	4	5
Did you learn new or were reminded about useful knowledge about relationships or marriage?	1	2	3	4	5
Did you learn new useful skills about relationships or marriage?	1	2	3	4	5
How committed are you to participating in ongoing Relationship/Marriage Education?	1	2	3	4	5

Comments/Suggestions

1. Please indicate what was most valuable and useful to you from the workshop:

2. Do you want to experience further sessions for unmarried individuals? ___Yes ___No If Yes, what would you like to see happen at them?

3. Other Feedback and Suggestions:

Name and Contact Information (Optional) _____
