

**DIOCESE OF CONNECTICUT  
Continuing Education Grant**

EVALUATION QUESTIONNAIRE

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study/Program \_\_\_\_\_

Date/s Attended: \_\_\_\_\_

1. What were the stated goals and/or objectives of this continuing education?

2. To what degree were the goals and/or objectives achieved or not achieved?

3. What was the specific value of this course or program to you personally?

4. How do you propose to use this continuing education in your ministry?

(Continued on next page)

5. What would have made it more meaningful to you and your ministry?

6. Are you willing to share your experiences with others?     YES     NO

If so, would you be willing to (check all that apply):

\_\_\_\_ Speak at a Deanery meeting or Clericus

\_\_\_\_ Write an article

\_\_\_\_ Confer with other clergy and/or vestries

\_\_\_\_ Serve on the Continuing Education Committee

\_\_\_\_ Other (please specify) \_\_\_\_\_

7. Would you recommend this continuing education to others? If so, why? If not, why not?

8. Of what further help could the Committee on Continuing Education have been to you in this undertaking?

9. What has the reaction of your parish/agency been to this continuing education?

**Please return this form within 30 days after the program is completed.  
No additional grants will be awarded unless this evaluation is completed.**

**Return to:**

Chairperson for the Commission on Ministry  
The Commons of the Episcopal Church in Connecticut  
290 Pratt Street  
Meriden, CT 06450