



## MINISTRY EVENT EVALUATION FORM

Ministry \_\_\_\_\_ Ministry Leader \_\_\_\_\_

Event \_\_\_\_\_

Date/Time \_\_\_\_\_ # in Attendance \_\_\_\_\_

Budget (Requested) \_\_\_\_\_ Budget (Actual) \_\_\_\_\_

Key Volunteers \_\_\_\_\_

### EVALUATION:

Ministerial Staff:     VERY HELPFUL     HELPFUL     ADEQUATE     UNHELPFUL     N/A

Comments: \_\_\_\_\_

Administrative Staff:     VERY HELPFUL     HELPFUL     ADEQUATE     UNHELPFUL     N/A

Comments: \_\_\_\_\_

Facilities Staff:     VERY HELPFUL     HELPFUL     ADEQUATE     UNHELPFUL     N/A

Comments: \_\_\_\_\_

What went RIGHT: \_\_\_\_\_

What went WRONG: \_\_\_\_\_

Suggestions for the FUTURE: \_\_\_\_\_