

## **XEE SEMESTER'S EVALUATION FORM**

NAME:	DATE:
Evaluation (Lowest-1 to highest	-5)
SERVICE  Registration – First Day  * Hospitality 1 2 3 4 5  * Service 1 2 3 4 5	Comments:
MEALS – B/L/D – Entire Training  * Quality	* Quality 1 2 3 4 5 * Service 1 2 3 4 5
SESSIONS	n
Introduction	Comments:
CONNECT LIFE Unit 01.01 - Connecting principles Unit 01.02 - Connecting skills Unit 01.03 - Connecting and caring Unit 01.04 - Connecting intentionally	Comments:
SHARE LIFE Unit 02.01 - Sharing your faith starts here Unit 02.02a - Launch questions Unit 02.02b - Your Story	Comments:
LIFE NOW Unit 02.03a - Life Unit 02.03b - Us Unit 02.04a - God Unit 02.04b - Jesus Unit 02.05a - Faith	Comments:
Unit 02.05b – Response  MULTIPLY LIFE Unit 03.01 - Issues in life Unit 03.02 - Nurturing Life Unit 03.03 - Multiply Life Unit 03.04 - Building Life	Comments:
DEMONSTRATIONS Were they helpful? 1 2 3 4 5	Comments:
Leading Effective Discussion  Content 1 2 3 4 5  Delivery 1 2 3 4 5  Comments:	XEE Implementation Procedures Were they helpful? 1 2 3 4 5 Delivery 1 2 3 4 5 Comments:

## **FACILITATORS** Were they well prepared? Did they hold your attention? \_\_\_\_1 2 3 4 5 \_\_\_\_1 2 3 4 5 Comments: Comments: \_\_\_\_1 2 3 4 5 \_\_\_\_1 2 3 4 5 Comments: Comments: \_\_\_\_1 2 3 4 5 \_\_\_\_\_1 2 3 4 5 Comments:\_\_\_\_\_ Comments:\_\_\_\_ **CONNECT ACTIVITY EXPERIENCE** Trainers's name:\_\_\_\_\_\_ Trainer's name:\_\_\_\_\_ 1 2 3 4 5 Trainer's ability to handle situations: Relation to what was taught in class: 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 Comments: Comments: What primary **STRENGTHS** did you observe in the Training? What **WEAKNESSES** did you observe that may be improved? What suggestions for **IMPROVEMENT** can you offer the leadership? Do you feel adequately equipped to be a Trainer for the next XEE Semester in your church? NO YES If "No"why? Other comments: