

End-of-Session Survey

We would like each of you to take a few minutes and answer the following questions. Our desire is to make the First Place 4 Health program here at our church better each session, if possible.

Your comments are important to us!

What was the best thing about the class you were in?

What was the thing you liked least about your class or the program this session?

Do you feel like this program met your expectations? Why or Why not?

What was your favorite visual from your class?

Did you call or e-mail your prayer partner weekly? Why or Why not?

Do you plan on taking this class again? YES_____ NO_____

If you could change one thing about this program what would it be?

If you could add one thing to the program what would it be?

What is the most important thing you learned through this session? Or what did God teach you through this class that has impacted you the most?

Is there anything else you would like to share with us about your experience in this program?

Is there anyone in particular that blessed you this session of First Place 4 Health in some way that has helped you in your journey to wholeness and health? Who and How?
