

**Your Thoughts,
Please**

As a Seminar Student, What Are “Your Thoughts?”

Please Complete and Return to Your Instructor

What did you like MOST about the seminar?

What did you like LEAST about the seminar?

What are some things you have learned?

What could we do differently?

You may give your name if you like, but it is not necessary.

Thank you and may God bless you richly!

Facility: _____ Unit: _____

Course Title: _____

Name (optional): _____ Date: _____

Include any additional thoughts on the back of this page.