

# Life Skills Evaluation Form

Date of Program: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Please take a few minutes to fill out this form. Your feedback is very important. Thank you!

KEY: 1 = Poor quality    2 = Fair    3 = Good    4 = Very Good    5 = Excellent

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## The **content** of Session 1: An Introduction to Living a Joy Filled Marriage

Rating:    1       2       3       4       5

### The **presenter(s)**:

Rating:    1       2       3       4       5

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

\_\_\_\_\_

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## The **content** of Session 2: Discovering Your Marriage Mission & The Role of Virtue

Rating:    1       2       3       4       5

### The **presenter(s)**:

Rating:    1       2       3       4       5

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

\_\_\_\_\_

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## The **content** of Session 3: Communicating Love: Learning and Respecting Love Styles

Rating:    1       2       3       4       5

### The **presenter(s)**:

Rating:    1       2       3       4       5

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

\_\_\_\_\_

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## The **content** of Session 4: Resolving Conflict: The Art of Loving Amidst Challenges

Rating:    1       2       3       4       5

### The **presenter(s)**:

Rating:    1       2       3       4       5

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

\_\_\_\_\_

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**The content of Session 5: Building Happiness: Managing Your Time, Money and Energy**

Rating: 1 2 3 4 5

**The presenter(s):**

Rating: 1 2 3 4 5

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

What I plan to use from tonight's sessions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I still have questions about ... *(For a personal response, please leave your contact information/ email address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments/feedback:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_