

Cooking School Evaluation

Name: _____

Address: _____

Telephone: _____

Did you enjoy the food? _____

What was your least favorite food? _____

What was your favorite food? _____

Did you enjoy the lecture? _____

What would you like to hear in future health lectures?

What could we do to improve the program?

Will you come to future cooking classes? _____

Would you like to help with a future cooking class?

What other types of programs would you have an interest in?

Bible Studies _____

Stop Smoking Classes _____

Weight Loss Program _____

Women's Ministries Programs _____

Prayer Ministries _____

Prophecy Seminar _____

Community Outreach Programs _____