



**INDIVIDUAL LEARNING GRANT  
PROGRAM EVALUATION FORM**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_  Lay  
 Ministry Personnel

Name of Program \_\_\_\_\_

Location \_\_\_\_\_

Date of event \_\_\_\_\_

1. Would you recommend this program to others? Yes\_\_\_\_\_ No\_\_\_\_\_.

Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you provided an evaluation to the institution offering the program?

Yes\_\_\_\_\_ No\_\_\_\_\_.

3. Did your shared funding work out satisfactorily? \_\_\_\_\_

4. Do you plan to have any follow-up events related to the program that you attended?

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

5. What were your key learnings, and how will you apply these to your future planning?

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6. How did this support your ministry in the congregation/presbytery/Conference?

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Other comments?

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Please return to:	Individual Learning Grant Hamilton Conference P. O. Box 100 CARLISLE, ON L0R 1H0
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