

# Faith Formation Program Feedback

Please give your feedback for the following programs

Please circle the number that best represents your opinion. Use the scale as follows: 5 = the BEST

- 1 – Below expectations
  - 2 – Somewhat below expectations
  - 3 – Met expectations
  - 4 – Somewhat exceeded expectations
  - 5 – Exceeded expectations
  - X- Not familiar with
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## The Word! Children’s Liturgy of the Word

Free, Fun Faith Formation at the 8:30 a.m. and 10:30 a.m. Sunday Masses  
offered from September through May

Overall Rate The Word:	1	2	3	4	5	X
Rate the Activities:	1	2	3	4	5	X
Rate the Handouts:	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

## Wednesday Evening Faith Formation

6:30- 7:30 p.m. for Grades K-10

Overall Rate Wed FF:	1	2	3	4	5	X
Rate the Topics:	1	2	3	4	5	X
Rate the Interaction:	1	2	3	4	5	X
Rate the Format:	1	2	3	4	5	X
Rate the Games/Activities:	1	2	3	4	5	X
Rate the Personal & Group Prayer:	1	2	3	4	5	X
Rate the Service Opportunities:	1	2	3	4	5	X
Rate the Large Group Events:	1	2	3	4	5	X
Rate the Handouts:	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

## Sunday Faith Formation (Mass & Class)

Offered at 9:30 a.m. between the two Sunday Morning Masses

Overall Rate Sun. FF:	1	2	3	4	5	X
Rate the Topics:	1	2	3	4	5	X
Rate the Interaction:	1	2	3	4	5	X
Rate the Format:	1	2	3	4	5	X
Rate the Games/Activities:	1	2	3	4	5	X
Rate the Personal & Group Prayer:	1	2	3	4	5	X
Rate the Service Opportunities:	1	2	3	4	5	X
Rate the Large Group Events:	1	2	3	4	5	X
Rate the Handouts:	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

## First Reconciliation & First Communion Preparation

Preparation usually begins in the Second Grade; however, we are happy to individualize a plan to meet the needs of an older child.

Rate 1 <sup>st</sup> Reconciliation/1 <sup>st</sup> Communion	1	2	3	4	5	X
Rate the Flexibility of the Program	1	2	3	4	5	X
Rate the Preparation Sessions:	1	2	3	4	5	X
Rate the Preparation Materials:	1	2	3	4	5	X
Rate the Understanding the Mass DVD:	1	2	3	4	5	X
Rate the Rehearsal in church:	1	2	3	4	5	X
Rate the First Communion Mass:	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

## Vacation Bible School

Summer VBS offered in July annually & Advent VBS offered before Christmas annually

Overall Rate VBS	1	2	3	4	5	X
Rate the Theme/Program Used	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

# Confirmation Preparation

The Sacrament of Confirmation is usually received during the Sophomore year at St. Thomas Aquinas; however, we are happy to individualize a plan to meet your needs. Confirmation takes place at the Cathedral in St. Paul usually in the month of May.

Overall Rate the Confirmation Program	1	2	3	4	5	X
Rate the Flexibility of the Program	1	2	3	4	5	X
Rate the Preparation Sessions:	1	2	3	4	5	X
Rate the Dynamic Catholic Program	1	2	3	4	5	X
Rate the Altaration Program	1	2	3	4	5	X
Rate the Youcat:	1	2	3	4	5	X
Rate the Youth Bible	1	2	3	4	5	X
Rate the Entrance Mass:	1	2	3	4	5	X
Rate the Retreat Opportunity:	1	2	3	4	5	X
Rate the Love Prayer Service:	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

# Youth Ministry=Mission Trip

We plan an annual summer home repair mission trip for youth 12+, check out more at [www.groupmissiontrips.com/weekend-workcamps](http://www.groupmissiontrips.com/weekend-workcamps)

Overall rate youth ministry/mission trip	1	2	3	4	5	X
Rate the Meetings:	1	2	3	4	5	X
Rate the Fundraisers:	1	2	3	4	5	X

Is there anything specific that you would want changed? \_\_\_\_\_

Is there anything that you would NOT want changed? \_\_\_\_\_

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

If you would like to be contacted regarding your evaluation, please complete the following information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to reach: \_\_\_\_\_