

DIOCESE OF SOUTHERN VIRGINIA
COMMITTEE ON CONTINUING EDUCATION FOR CLERGY

Evaluation Report of My Recent Course of Study/Sabbatical*

Please submit within 30 days of study completion to the chair of the continuing education committee

Name: _____

Your present position: _____

Dates of event(s): _____

Describe the educational event(s) in which you were engaged. If part of a sabbatical, please explain more fully:

Rate the value of the experience 1 – 6 (6 being the most valued) _____

Would you recommend others pursue a similar program? Yes _____ No _____

If yes, please give your reasons: _____

If no, please explain why: _____

** If you care to elaborate in any area, please feel free to add additional sheets.*

How has your ministry been enhanced by this experience?

How do you expect your congregation to benefit from your study?

Any further comments you wish to make? _____

Signature: _____ Date: _____