



SJBC Program Evaluation Form

Name of Program _____ Date _____

1. What did you enjoy most about your program/activity?

2. What did you enjoy least about your program/activity?

3. What would you like to include or exclude for future programs?

4. What other specific comments or suggestions do you have?

5. Do you feel the Steering Committee gave you the support that you needed in planning your program? Yes ☐ No ☐ N/A ☐

Thank you for serving!

Please return this form to Jerry Overby after the completion of your activity.