

Evaluation Summary Report

Each sponsor of a staff development activity of ten clock hours or more is responsible for completing this summary report form and returning it upon completion of the activity to:

**Dr. Elizabeth Belford Horan, Education Department, Methodist University,
5400 Ramsey St., Fayetteville NC 28311**

- A. Descriptive title of the activity: _____
- B. Sponsored by: _____
- C. Beginning and ending dates of the activity: _____
- D. Number of participants: _____
- E. Person completing the report: _____
- F. Was the activity utilized for continuing education units? _____No _____Yes
- G. Personnel providing the majority of instruction were:
 - 1. From an institution of higher education _____
 - 2. Church/conference leaders _____
 - 3. Others _____
- H. Indicate the quantity of responses given to each of the 16 evaluation questions.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				