

Sickness Health and Healing



EVALUATION FORMS

Serving the Health of our Community

Enhancing our understanding, to provide care and support for those who need it.

an initiative of the SCWA Coalition

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Sickness, Health, and Healing

— Initial Evaluation Form

Form to be filled in by the facilitator immediately after the training.

names of facilitators	
date of workshop	
place of workshop town, region, country	

Questions about the training material

Please honestly share about your experience of using *Sickness, Health, and Healing* by answering the following questions and adding any further comments you may have.

1. I think the training was:

- ☐ too short
- ☐ too long
- ☐ about the right length

2. I think the training was:

- ☐ too simple
- ☐ too complicated
- ☐ about the right level

3. Is there anything you think should be taken out? — If so, what? Why?

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4. Is there anything you feel has been missed out that should be included?

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5. Is there anything that you think should be changed? — If so, what? Why?

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Comments, positive and negative:

- [illegible]

Examples of actions taken:

- [illegible]

Facilitator insights

- If you have any further reflections or comments, please write them here.

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Testimonies and photos

- Please send any testimonies and photos you are able to collect (with permission to use in our publications and online).

Contact Details

Please return completed form and testimonies to Carolyn Gent
— « carolyng@bethanychildrenstrust.org.uk ».

Thank you.



Sickness, Health, and Healing

— Follow-On Evaluation Form

Form to be filled in by the facilitator 3 months or 6 months after the training.

names of facilitators	
date of workshop	
place of workshop town, region, country	

Questions for the facilitator to ask the participants after 3 months or 6 months:

1. Did you make a **Personal Action Plan** after the training? — YES or NO.
 - if YES, what actions did you commit to do? How have these progressed?
 - if NO, what have you done differently in the light of the training you received? What opportunities have you had to put what you've learned into practice?
2. Have you made or noticed any other changes since the training in responding to people living with sickness and other health problems?
 - changes personally;
 - changes in your church.
3. What plans do you have to continue to reinforce and build upon these changes?

Feedback from the participants

Comments, positive and negative:

- Please share comments from some of the participants that describe what they thought of the *Sickness, Health, and Healing* workshop and how it has helped them. All comments are welcome, both positive or negative.

Examples of actions taken:

- Please give some examples of action that participants have taken as a result of having attended the *Sickness, Health, and Healing* workshop. Describe some of the things that they have put into practice because of what they have learned on the course, and the progress these actions have made.

This image shows a full page of a document template designed for handwritten notes or essays. It features approximately 28 evenly spaced, thin grey horizontal lines across the entire width of the page. The margins are consistent on all sides, providing ample space for writing. There are no pre-printed questions, headings, or other markings on the page.

Keep these all safe for future reference. Compare these responses with the responses to the **Initial Evaluation Questions**.

Please return completed form and testimonies to Carolyn Gent
– « carolyng@bethanychildrenstrust.org.uk ».

evaluation forms