



American Baptist Churches USA Ministers Council
2020 EXCELLENCE IN MINISTRY PROGRAM
POST- EVENT EVALUATION FORM
(PARTICIPANT)

EVENT DETAILS

Name of Event	_____
Date(s) of Event	_____/_____/_____ _____/_____/_____
Sponsoring Organization	_____

1. List What You Thought Was Successful and/or Worked Well During This Event:

2. List or Describe What you Thought Was NOT Successful and/or Did Not Work Well:

3. List Your Suggested Actions/Recommendations of Improvement for Future Similar Events

4. List or Describe What, In Your Opinion Was the Overwhelming Successes(s) of the Event.
