ANGLICAN DIOCESE OF TORONTO EVALUATION OF PROFESSIONAL DEVELOPMENT PROGRAM

After discussing with churchwardens and your Area Bishop, email your evaluation form to atalbert@toronto.anglican.ca or mail to Professional Development Committee, Anglican Diocese of Toronto, 135 Adelaide St. East, Toronto, ON M5C 1L8.

| 1. General Information | | | | |
|--|----------|----------|----------|------------------|
| Name | | | | |
| Address | | | | |
| Phone Email | | | | |
| Parish/ministry setting | | | | |
| Position | | | | |
| Program name | | | | |
| Program location Program dates | | | | |
| 2. VALUE OF THIS PROGRAM | | | | |
| FACTOR | 1 – POOR | 2 - FAIR | 3 - GOOD | 4 - VERY GOOD |
| Overall value of program | | | | |
| Will help me personally | | | | |
| Will help me professionally | | | | |
| 3. What were the strong points of this | program? | | | |
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| 4. What were the weaknesses of this pr | rogram? | | | |
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| 5. How is this program helping your application form.) | you meet your personal and professional goals? (Please refer to Question 3 in |
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| | |
| 6. How is the learning that you your behavior and actions differ | ve acquired assisting your ministry? What are the visible indicators? How are ent? |
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| | |
| 7. How are you implementing y | our learning? |
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| | |
| 8. How could we use your learn | ing more broadly across the Diocese? |
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| 9. Would you recommend this | program to others? If yes, why? If no, why not? |
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| I authorize the publication of | my name / email and my responses to questions 1 - 4 in this document. |
| Signed | Date |
| cc: Churchwardens | Area Bishop |