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**Chapter 9 Understanding Our Soul**

**Bible Class Evaluation Sheet**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/Bible class (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following questionnaire to help us know and understand the effectiveness of this teaching.

Please indicate one answer per question with a  or an .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTIONS** | **NO** | **SOME** | **YES** | **VERY** |
| Did you find the information easy to understand? |  |  |  |  |
| Did you find the information easily applied to your life? |  |  |  |  |
| Had you ever heard this teaching before? |  |  |  |  |
| Did you sense the Holy Spirit teaching you as you progressed in this teaching? |  |  |  |  |
| Has the information received through this Teaching impacted your life in a positive way? |  |  |  |  |
| Do you desire more of this type of teaching? |  |  |  |  |
| Would you recommend this class to your friends and family? |  |  |  |  |

Please use this space to voice further comments and suggestions.