



.com

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 x.

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.