**2024 Convocation**

**Open & Affirming: Now More Than Ever**

**Parkway United Church of Christ**

**March 2, 2024**

Evaluation and Feedback Form

**Help us make future convocations even better!**

Thank you so much for your attendance and participation in the 2024 Convocation. Your feedback is an essential tool that we use to improve future convocations and better serve our ONA members and those who choose to affiliate with and support the mission of Gateway ONA. Please take a few moments to tell us what we did well and how we can improve!

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Overall Convocation Evaluation***  ***(individual session evaluation on reverse)*** | | | | | | | | | | |
| ***Please rate how much you agree or disagree with each statement.*** | ***Strongly***  ***Disagree*** | | ***Disagree*** | | ***Somewhat Dis/agree*** | | ***Agree*** | | ***Strongly***  ***Agree*** | |
| *Today’s convocation was helpful for increasing my understanding of ONA issues and practices* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *The presentations and discussions addressed important issues surrounding ONA mission* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *Overall, I am satisfied with today’s convocation* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *I would recommend this convocation to others who are interested in being ONA* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *I am interested in participating in future convocations or events sponsored by Gateway ONA.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *The location was convenient.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *I had no trouble finding my way in the building.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |

1. **What aspects of today’s convocation did you find most helpful?**
2. **What suggestions do you have to improve future convocations?**
3. **What are the issues on the horizon that could be effectively addressed at a future convocation?**
4. **What did you appreciate about the worship experience? What could make it better?**
5. **Interested in attending an ONA meeting or discussing the Convocation with a committee member?**

**Please leave name and phone or email address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***Individual Workshop Evaluations*** | | | | | | | | | | |
| **Session Number: Title of Topic:** | | | | | | | | | | |
| ***Please rate how much you agree or disagree with each statement.*** | ***Strongly***  ***Disagree*** | | ***Disagree*** | | ***Somewhat Dis/agree*** | | ***Agree*** | | ***Strongly***  ***Agree*** | |
| *This workshop was helpful for increasing my understanding and was very informative.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *This workshop met my expectations.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *The presenter was knowledgeable about the topic presented.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *Overall, I am satisfied with this workshop.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| **Other comments or feedback regarding this workshop:** |  |  |  |  |  |  |  |  |  |  |

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| *The presenter was knowledgeable about the topic presented.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *Overall, I am satisfied with this workshop.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| **Other comments or feedback regarding this workshop:** |  |  |  |  |  |  |  |  |  |  |

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| *This workshop met my expectations.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *The presenter was knowledgeable about the topic presented.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *Overall, I am satisfied with this workshop.* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| **Other comments or feedback regarding this workshop:** |  |  |  |  |  |  |  |  |  |  |