

## Student Evaluation Form

1. Name (optional) \_\_\_\_\_

2. Age and Grade \_\_\_\_\_

3. School or Parish where you attended the program \_\_\_\_\_

\_\_\_\_\_

City and State of location \_\_\_\_\_

4. How would you rate your overall experience with the *Theology of the Body for Teens: Middle School Edition* Program?

1  
(lame)

2

3  
(okay)

4

5  
(awesome)

5. What did you like about it?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What did you **not** like about it?

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\_\_\_\_\_

7. What challenged you?

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8. What were your insights or what inspired you?

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9. How do you see yourself differently now that you know about the Theology of the Body?

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10. How do you see others differently now that you know about the Theology of the Body?

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11. Any additional comments?

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