



Grace Within Participant Feedback Form

*Feedback is an essential aspect of any adult learning experience.
It allows for reflection on your part and growth opportunities
on our part as we prepare for future participants.*

Location of Session _____
Community / Parish Name City State

Timing of Session Morning Evening from _____ to _____ , _____
Month Month Year

The most helpful aspect of *Grace Within* for me personally was:

The least helpful aspect of *Grace Within* for me personally was:

In what ways did this experience have a positive effect on your relationships?

In what ways did this experience have a positive effect on your family's spirituality?

Suggestions for future Within Ministries experiences:

I wish to receive the ministry's monthly e-newsletter reflection Yes No Already Do

E-mail _____

I am willing to help with the next Within Ministries

Grace Within Sessions

On the Journey Retreat

Retreat Experience

Other _____

Name _____ Community or Parish Member of _____

Home Address _____ City _____ State _____ Zip Code _____

Phone: (_____) _____ E-mail:(if not given above) _____

Learn more about the ministry and available resources at www.withinministries.org