



Ministry of Mothers Sharing 8 Week Session 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 8 Week Sessions 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 *Ministry of Mothers Sharing* for me personally was:

The least helpful aspect of *Ministry of Mothers Sharing* 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 *Ministry of Mothers Sharing* experiences:

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

E-mail _____

I am willing to help with the next *Ministry of Mothers Sharing* 8 Week Session
 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.ministryofmotherssharing.org

Ministry of Mothers Sharing
An outreach ministry of the Sisters of St. Benedict of St. Paul's Monastery

