

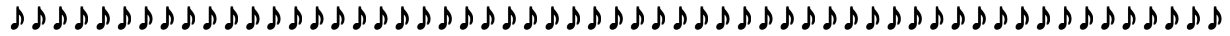
ADM CONFERENCE EVALUATION
YEAR _____

PERSONAL DATA:

Position in Church _____

Status: Full Time _____ Part Time _____ Volunteer _____

ADM Attendance 1st Time _____ 2-6 Years _____ 6+ _____



RATINGS are as follows:

(1-2) far exceeds expectations, (3-4) meets expectations, (5-6) did not meet

1. OPTIONS:

	LEADER	RATING
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

2. CLINICIANS:

- a. **Worship**
- b. **Emerging Worship**
- c. **Choral**
- d. **Organ**
- e. **Handbells**

3. WORSHIP:

a. **Opening Worship:**

b. **Daily Worship:**

Sun. _____ Mon. _____ Tues. _____ Wed. _____

c. **Worship Seminar:**

Sun. _____ Mon. _____ Tues. _____ Wed. _____

4. EVENING EVENTS:

- a. Cane Ridge trip**
- b. Hymn Festival**
- c. Banquet**
- d. Follies**

5. ADMINISTRATION *(Circle one for each category)*

a. Facilities:	Excellent	Adequate	Marginal
b. Lodging:	Excellent	Adequate	Marginal
c. Meals:	Excellent	Adequate	Marginal
d. Event Info:	Excellent	Adequate	Marginal
e. Registration:			
Pre:	Excellent	Adequate	Marginal
Desk:	Excellent	Adequate	Marginal

6. EXPECTATIONS: *(Circle one)*

a. Personal:	Surpassed	Met	Not Fulfilled
b. Church:	Surpassed	Met	Not Fulfilled

7. COMMENTS/SUGGESTIONS:

8. WOULD YOU BE INTERESTED IN BEING A PART OF CONFERENCE LEADERSHIP? ___ Yes ___ No. If yes, please indicate what you are willing/able to do:

Please return this evaluation form to the registration table or any Council member! Thank you for attending ADM!