



Spiritual Adoption Feedback Form

Your name: _____

Your role at parish/school (if applicable): _____

Email: _____

Phone Number: _____

Parish and/or school name: _____

Was this the first time the parish/school utilized the Spiritual Adoption Program? Yes No

Were you able to access all the materials that you needed? Yes No

If you were not able to access necessary materials, please share what you were seeking:

How easy was it to implement the program with the instructions and materials provided?

Very Difficult Difficult Neutral Easy Very Easy

Do you plan to utilize the Spiritual Adoption Program again in the following year? Yes No

Please provide any additional comments or suggestions:

