

MISSIONARY COOPERATION PLAN 2007
 FEEDBACK ABOUT VISITING MISSIONARIES

Parish Name _____ Location _____

Visiting missionary _____ Date of visit _____

What is your role at the parish?

_____ Parishioner _____ Director of Religious Education
 _____ Pastor _____ Member of Liturgy Commission
 _____ Pastoral Associate _____ Special Ministry (*describe*): _____

Please evaluate the visiting missionary according to the following scale. Higher numbers indicate a more positive experience.

	Poor		Excellent		
Length of Mission Appeal Talk	1	2	3	4	5
Use of stories from mission experience	1	2	3	4	5
Increased your awareness of mission	1	2	3	4	5
Voice, articulation, projection	1	2	3	4	5
Increased your commitment to mission	1	2	3	4	5
Incorporated the Scripture readings	1	2	3	4	5
Was available before/after Mass	1	2	3	4	5
Overall experience of visiting missionary	1	2	3	4	5

Specific comments (please use back of page if necessary.):

Thank you for your time and interest. Please return this form to Mike Gable; Mission Office; Archdiocese of Cincinnati; 100 E. Eighth Street; Cincinnati, OH 45202.