Date Performed: / /

2009 - 2010

Faith Formation Confirmation Program
7691 Orangethorpe Avenue, Buena Park, CA 90621 714-522-3971

PLEASE NOTE: Evaluation Form is must be turned into the Faith Formation Office no later than two weeks after completion of the Service Project.

First Name:	**Last Name:**
For Teen Confirmation Use Only	**☐Confirmation I ☐Confirmation II**
Teacher's Name:	**Room Number:**
Service Performed:	
Description of Service Performed:	

Reflection (Please use back of page for more room): *Questions to consider answering: Did you like the service performed? How did it make you feel? Where do you see God in this experience? Did this experience bring you closer to Jesus Christ?*
Comments:

With your permission and signature, your reflections may be shared with other members in the parish as inspiration and feedback.

Your Signature_____

Team Lead / Supervisor's Name	**Team Lead / Supervisor's Signature**