

# Adult Sunday School Survey

## 1. Sunday School Participation

Tell us about yourself and your participation in your class.

\* 1. What is the name of your Sunday School Class?

2. How many years have you attended this class?

0-5

6-10

10 or more

3. How did you choose your class?

Friends invited me/were already in class

Same age group

Children were friends

Teaching/topics were of interest to me

Time/location of classroom

Other

\* 4. Tell us about yourself.

Male

Female

Age  
20-29

30-39

40-49

50-59

60-69

70-79

80-  
100

5. Tell us about your family.

	0-5	6-12	13-18	18-21
Ages of children living at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Tell us about your church attendance.

I attend Sunday School regularly.

I attend worship regularly.

My children (if applicable) attend Sunday School regularly.

My children (if applicable) attend worship regularly.

# Adult Sunday School Survey

## 2. Sunday School Preferences

Tell us what you prefer for Sunday School content and lessons.

1. Please rank the type of teaching style you prefer:

Discussion	<input type="text"/>
Lecture	<input type="text"/>
Video	<input type="text"/>
Experiential Activities	<input type="text"/>
Other	<input type="text"/>

2. If you prefer "other" teaching styles, please describe your preference.

<input type="text"/>
<input type="text"/>

3. Please rank the type of subject matter you prefer.

	Very interested	Somewhat interested	Occasionally interested	Not interested
Bible	jn	jn	jn	jn
Current Issues	jn	jn	jn	jn
Social Concerns	jn	jn	jn	jn
Human Care for God's Creation	jn	jn	jn	jn
Denominational Issues	jn	jn	jn	jn
Relationships	jn	jn	jn	jn
Family Relations	jn	jn	jn	jn
Prayer/Spiritual Growth	jn	jn	jn	jn

Other subjects of interest to me

<input type="text"/>
----------------------

4. List some Bible lessons or Sunday School courses you've enjoyed and would recommend.

<input type="text"/>
<input type="text"/>

# Adult Sunday School Survey

5. Please rank in order of importance the type of teaching rotation you prefer.

- A regular teacher
- Several teachers that rotate
- Class members as teachers
- Persons outside class as teachers
- Other

6. If you prefer "other" teaching rotation styles, please describe your preference.

7. I prefer to study one subject for (choose one):

- three weeks
- six weeks
- eight weeks
- a quarter

8. Please rank the teacher strengths you most appreciate.

	Always important	Often important	Seldom important	Never important
Preparation of materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Style of presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling of questions and comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time for discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal stories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bible knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm for topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other aspects of teaching I appreciate.

# Adult Sunday School Survey

## 3. Sunday School Class Procedures

Use this page to tell us how you prefer your class to be administered.

1. Please indicate the order you prefer for elements of the class meeting.

Announcements	<input type="text"/>
Lesson	<input type="text"/>
Other	<input type="text"/>
Prayers and Concerns	<input type="text"/>
Refreshments	<input type="text"/>
Singing	<input type="text"/>

2. How do you prefer to communicate with your class? Please rank in order.

E-mail	<input type="text"/>
Phone call	<input type="text"/>
Mail	<input type="text"/>
Social Networking	<input type="text"/>
Text Message	<input type="text"/>
Other	<input type="text"/>

\* 3. What things are working well in your class?

<input type="text"/>	<input type="text" value="5"/>
<input type="text"/>	<input type="text" value="6"/>

\* 4. What suggestions do you have to improve your class?

<input type="text"/>	<input type="text" value="5"/>
<input type="text"/>	<input type="text" value="6"/>

