

# Facility Evaluation

The Missouri East Walk to Emmaus Board would like your help in evaluating facilities that are being used.

Walk Number \_\_\_\_\_ held at \_\_\_\_\_ (location)

Name (optional): \_\_\_\_\_

	Inadequate			Adequate				Exceptional				
	1	2	3	4	5	6	7	8	9	10	N/O	
Spiritual Environment	1	2	3	4	5	6	7	8	9	10	N/O	
Sleeping Area	1	2	3	4	5	6	7	8	9	10	N/O	
Cleanliness of the facility	1	2	3	4	5	6	7	8	9	10	N/O	
Quality of Food at meals	1	2	3	4	5	6	7	8	9	10	N/O	
Amount of food at meals	1	2	3	4	5	6	7	8	9	10	N/O	
Conference room size	1	2	3	4	5	6	7	8	9	10	N/O	
Conference room access	1	2	3	4	5	6	7	8	9	10	N/O	
Worship Chapel Space	1	2	3	4	5	6	7	8	9	10	N/O	
Space in Agape Chapel	1	2	3	4	5	6	7	8	9	10	N/O	
Size of Mail Room	1	2	3	4	5	6	7	8	9	10	N/O	
Dealings with facility staff	1	2	3	4	5	6	7	8	9	10	N/O	
Handicap access	1	2	3	4	5	6	7	8	9	10	N/O	
Handicap access	1	2	3	4	5	6	7	8	9	10	N/O	
Facility Access	1	2	3	4	5	6	7	8	9	10	N/O	

N/O= Not Observed

Additional comments:

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**Please return your completed evaluation today to the Board Advisor**