

# St. Rose/St. Mary's Total Catholic Education Communion Distribution Response

Name \_\_\_\_\_

Date Served \_\_\_\_\_

Name of Adult with whom you served: \_\_\_\_\_

Signature: \_\_\_\_\_

In at least one paragraph, describe your experience—what did you do, whom did you meet, what did you talk about, etc.:

What did you enjoy about this experience?

What did you find challenging or difficult about this experience?

How does your visit to our shut-ins change your understanding of Church?

Please return to: Maria Scherer, [mscherer@ssrmparishes.org](mailto:mscherer@ssrmparishes.org) or 715-201-9913

DUE: One month prior to Confirmation. May be done at anytime during preparation.