

GROUP EVALUATION

Leader's Name: _____ Date: _____

Group Name: _____ Day and Time: _____

What was the most beneficial thing you received by attending this group? _____

What was your favorite part of this group? _____

What was your least favorite part of this group? _____

Did you develop relationships/friendships through attending this group? Yes No

Did the group curriculum meet your needs or expectations? Yes No

Would you recommend this group as helpful to others? Yes No

What changes will you implement in your life because of what you have learned in this group?

Do you have a good testimony that occurred because of what you learned in this group?

Was the time, day, and length of this group sufficient in meeting your needs? Yes No

Additional comments or suggestions: _____

Signed (optional): _____

It has been our privilege to serve you. Thank you for taking time to complete the evaluation form.
We will carefully evaluate the comments and suggestions in order to improve this group for the future.

If you have been helped by this group and curriculum, please recommend it to your friends.