



LIFE GROUPS

Feedback Form

We are constantly working to improve the Life Group ministry and we need your help! This information is helpful to your Life Group Leader and Host, as well as the entire Life Group staff. Please answer candidly so we can evaluate both our strengths and weaknesses.

Leader's Name: _____

Station in Life: _____

Campus: _____

Your Name: _____

Date: _____

On a scale of 1-5 (1 is poor, 5 is outstanding) please rate the following:

- | | |
|--|-----------|
| 1. Overall, how would you rate your Life Group? | 1 2 3 4 5 |
| 2. How would you rate your group discussion? | 1 2 3 4 5 |
| 3. How would you rate the study questions? | 1 2 3 4 5 |
| 4. How would you rate your group prayer time? | 1 2 3 4 5 |
| 5. Has your group helped you grow in any of the following areas? (Check any that apply.) | |
| <input type="checkbox"/> Weekly encouragement to stay focused on Jesus | |
| <input type="checkbox"/> Read and apply scripture beyond weekend services | |
| <input type="checkbox"/> Personal study of God's word | |
| <input type="checkbox"/> Process life decisions | |
| <input type="checkbox"/> Support in life's challenges | |
| <input type="checkbox"/> Other _____ | |

- | | |
|--|----------|
| 6. Did your group complete a Community Service Project this quarter? | Yes / No |
|--|----------|

If YES, what Service Project did you participate in?

7. For the next Life Group quarter, I'm planning on:

_____ Continuing in the same group _____ Taking a break from Life Groups _____ Trying a new group

8. Do you have any additional comments, questions or concerns?
