

FEEDBACK FORM

Group Leader's Names: _____

We are constantly working to improve our Community Group ministry and we need your help. This is the time in the trimester when we ask for feedback about your group. This information is very helpful to your group leaders and the Community Group Coaches. Please answer candidly so we can evaluate both our strengths and weaknesses.

THE GROUP

One of the things you've enjoyed most about being in your group this trimester is:

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

- ___ Apply the Bible to life - Bible Discussion (40-60 minutes)
- ___ Build Relationships - Ice Breaker / Food (20 minutes)
- ___ Develop Care & Accountability - Prayer Time (30-40 minutes)
- ___ Overall group experience (During Group Time)
- ___ Outside Activities (Service/Party)

Please explain any 1's or 5's _____

Is the length of the meeting appropriate? ___ Yes ___ No Please explain.

Has your group helped you grow in any of the following areas? (Check any that apply)

- ___ Weekly encouragement to stay focused on Jesus
- ___ Read and apply Scripture beyond weekend services
- ___ Process life decisions
- ___ Support in life's challenges
- ___ Other: _____

What suggestions do you have for improving your meetings?

MY LEADERS

Some things you've appreciated most about your Community Group leaders are:

(Optional - Tear off bottom section and hand in separately to your Leaders)

MY PLANS

For the next trimester you're planning on:

- ___ Continuing in this same community group.
- ___ Taking a break from community groups.
- ___ Trying a new Community Group.

Your Name: _____

COMMUNITY



groups

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