

# SMALL GROUP EVALUATION FORM

**Small Group Leader:** \_\_\_\_\_ **Study Topic:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_

After your Small Group visit, please complete this form and review it personally with the Small Group Leader. After offering appropriate feedback, give a copy to your Pastor or Director.

## Overview:

Please rate the following categories: (1-Poor, 2-Below Average, 3-Average, 4-Good, 5-Excellent)

Welcoming Environment (friendly, comfortable, etc.)	1	2	3	4	5
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Study Time (engaging leadership, participatory discussion)	1	2	3	4	5
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Breakout Time (authenticity, accountability, prayer)	1	2	3	4	5
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Organized (group is planned, orderly, start & end on time)	1	2	3	4	5
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Leadership (prepared to lead, care for members)	1	2	3	4	5
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Apprentice (identified, intentional development)	1	2	3	4	5
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## Areas of Strength:

## Areas for Improvements (with suggestions):

**How was your follow up conversation with your Small Group Leader?**