

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
Study Time (engaging leadership, participatory discussion)	1	2	3	4	5
Breakout Time (authenticity, accountability, prayer)	1	2	3	4	5
Organized (group is planned, orderly, start & end on time)	1	2	3	4	5
Leadership (prepared to lead, care for members)	1	2	3	4	5
Apprentice (identified, intentional development)	1	2	3	4	5

Areas of Strength:

Areas for Improvements (with suggestions):

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