

End of Trimester

Feedback Form

Group Name: _____

We are constantly working to improve our small 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 small group leaders as well as the entire small group staff. Please answer candidly so we can evaluate both our strengths and weaknesses.

The Group

One of the things I've enjoyed most about being in my 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 minutes)
- _____ Build Relationships - Ice Breaker / Food (20 minutes)
- _____ Develop Care & Accountability - Prayer Time (30 minutes)
- _____ Overall group experience (During Group Time)
- _____ Outside Activities (Service/Party)
- _____ Singing (if applicable)

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 I appreciate most about my small group leaders are:

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

My Plans

For the next 10 week semester, I'm planning on:

- Continuing in this same small group.
- Taking a break from small groups.
- Trying a new small group.



Your Name: _____ Date: _____