**Small Group Leader: Study Topic:**

**Evaluator: Date of Visit:**

Aﬅer your Small Group visit, please complete this form and review it personally with the Small

Group Leader. Aﬅer 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?**

**SMALL GROUP EVALUATION FORM**