

My Experience in Home Group

Fall Semester 2010

Leader: To help with anonymity, write your group name prior to distributing the cards.

Group Name:

Please circle your response to the statements below.

1. I actively attended the group this semester.

Definitely Mostly Somewhat Little No

2. I feel that I am an important part of the group.

Definitely Mostly Somewhat Little No

3. The group meetings challenged me to grow spiritually.

Definitely Mostly Somewhat Little No

4. I have grown spiritually as a result of being in group.

Definitely Mostly Somewhat Little No

5. I practice the daily disciplines of Bible study and prayer.

Definitely Mostly Somewhat Little No

6. I would recommend group to my friends.

Definitely Mostly Somewhat Little No

7. If children ever came to the home where group was held, were they a distraction to the meeting?

Definitely Mostly Somewhat Little No

What do you like best about the group this semester?

What would you change about the group or the meeting?

Thanks for your input. We take it very seriously!

Please fold and return this form to your group leader.
Use the back if needed for additional comments.

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