

# 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?

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What would you change about the group or the meeting?

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**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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