



Group Evaluation

Tell Us About Your "Group" Experience

1. Leader Name: _____
2. On a scale of 1 to 10 (with 10 being the best and 1 being the worst) how would you rate your Group experience this semester?

___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10

3. Which of the following best describes your involvement in your Group?

- A. I never missed a meeting
- B. I missed less than 3 meetings
- C. I missed 3-5 meetings
- D. I missed 6 or more meetings

4. How would you rate the quality of the study/book/video that your group went through together?

___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10

Comments: _____

5. Did you form meaningful relationships as a result of being a part of this group?

6. Through this Group, were you encouraged to take a next step in your spiritual life?

Please explain. _____

7. Are you planning on being in a Group again? Yes No

Please explain. _____

8. Would you consider hosting a Group in your home in the future? Yes No

Please explain. _____

9. Would you be interested in leading a Group in the future? Yes No

Please explain. _____

10. Do you have any comments about your Group or suggestions for how we can improve
Groups @ Harvest Lake Zurich?

Thanks for your comments.

Name: _____