

## SMALL GROUP VISIT FORM

Small Group Leader(s): \_\_\_\_\_ Group Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Evaluator/Visitor: \_\_\_\_\_

### Questions:

1. Were the three SG objectives (Evangelism, Community, Multiplication) emphasized during the meeting?
2. Did the leader(s) encourage members to attend Sunday services?
3. Did the leader(s) emphasize that they were making themselves available to the members?
4. Did the leader(s) encourage members to continue inviting friends to the Small Group meeting?
5. Did the leader(s) emphasize and encourage First Steps & Advance?
6. Did the meeting include specific prayer requests for members' needs?
7. Was there an icebreaker at the start of the meeting?
8. Was there fellowship after the meeting?
9. Did the leader(s) use their assigned assistants during the meeting?
10. Did the leader(s) give the weekly announcements?

**Ratings:** Please rate the following categories: (1 – Poor, 2 – Below Average, 3 – Average, 4 – Good, 5 – Excellent)

> <b>Welcoming &amp; Friendly Environment</b> (Friendly, comfortable, cleanliness, etc.)	1	2	3	4	5
> <b>Study Time</b> (Engaging leadership, lesson preparedness, etc.)	1	2	3	4	5
> <b>Discussion Time</b> (Participatory discussion, authenticity, safe space, etc.)	1	2	3	4	5
> <b>Organization</b> (Group is well planned and presented, orderly, starts on time)	1	2	3	4	5
> <b>Leadership</b> (Leader leads well, shows care to members, in-tune with group)	1	2	3	4	5
> <b>Leader Development</b> (use of assistants, identified helpers, training new leaders)	1	2	3	4	5
> <b>Overall Rating of Group</b>	1	2	3	4	5

\*Please write in detail specific comments about your experience at the meeting and observations:

**AREAS OF STRENGTH:**

**AREAS FOR IMPROVEMENT (WITH SUGGESTIONS):**

\_\_\_\_\_  
Regional Leader/Director Signature

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Small Group Leader

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Small Group Leader

\_\_\_\_\_  
Review Date