

Participant Feedback

Growth Group Facilitator's Name: _____

Your name (*optional*): _____

1. Do you think making a "Shared Commitment" set the proper guidelines for you group?

2. Circle all that your group made a priority:

Bible Knowledge Application Accountability Guidance Encouragement Prayer

3. In what ways was your group life-changing for you?

4. How would you describe your facilitator's best qualities?

5. If you could change your group in any way, what change would you make?

6. Do you have any advice that would help this facilitator?

7. Were you able to connect and make friends?

8. Did your group do any social events outside of the normal meeting time?

9. Are you doing the on-line devotions "Know the Word" through the week? How have they been helpful?

GROW