

Streams and Pathways Evaluative Comment Sheet

At the end of the prayer experience, please take a few minutes to let us know how it went. Answer the questions below and return this sheet to your facilitator or send to:

ECC, Make and Deepen Disciples, 8303 W. Higgins Road, Chicago, IL 60631

1. In what format did you experience this event? (check all that apply)

At a church
 At a retreat center
 At a camp
 With participants from one solo church
 With participants from multiple congregations
 Other _____

2. Did this experience respond to your needs as they relate to prayer and growth in Christ?

YES / NO

If **NO**, please explain?

3. What will you do differently after participating in this experience?

4. Which of the following elements of the experience impacted you? Rate each item from 1-5 (1 no impact, 5 extremely impacted).

<input type="checkbox"/> Scripture experience	<input type="checkbox"/> Individual practices
<input type="checkbox"/> Introductory activities	<input type="checkbox"/> Small group reflection
<input type="checkbox"/> Individual reflection	<input type="checkbox"/> Other _____
<input type="checkbox"/> Group practices	

5. How could we improve the experience? Feel free to be detailed about time, materials available, and other issues. *(You may continue writing on the back of this sheet.)*

Submitted by (optional): _____ **Date** _____

Church Name _____