

**Journeying Together: An Invitation to Spiritual Companionship**  
**Evaluative Comment Sheet**

---

*At the end of Journeying Together, please take a few minutes to let us know about your experience. Answer the questions below and return this sheet to your facilitator or send to:*

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

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

<input type="checkbox"/> At a church	<input type="checkbox"/> With participants from one solo church
<input type="checkbox"/> At a retreat center	<input type="checkbox"/> With participants from multiple congregations
<input type="checkbox"/> At a camp	
<input type="checkbox"/> Other _____	
  
2. Did this experience respond to your needs as you prepare to nurture community life through the practices of spiritual conversation?  
**YES / NO**  
If **NO**, please explain?
  
3. Which of the primary goals of the prayer experience were met? (check all that apply)  

<input type="checkbox"/> I heard God speak to me
<input type="checkbox"/> I felt more deeply connected to others
<input type="checkbox"/> I am more comfortable sharing my personal story
<input type="checkbox"/> My listening skills have been heightened
<input type="checkbox"/> I am more able to ask helpful, open-ended questions
<input type="checkbox"/> I am committed to walk alongside others as a spiritual companion.
  
4. What will you do differently after participating in this experience?
  
5. 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"/> 90-second stories	<input type="checkbox"/> Companions on the way
<input type="checkbox"/> Telling your story & praying for one another	<input type="checkbox"/> Shaping a blessing
<input type="checkbox"/> Dwelling in the Word	<input type="checkbox"/> Individual reflection
<input type="checkbox"/> Using creativity to tell your story	<input type="checkbox"/> Group reflection
<input type="checkbox"/> Listening groups	<input type="checkbox"/> Other _____
  
6. 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** \_\_\_\_\_