

**FREEDOM MINISTRY EVALUATION FORM**

Master's Touch Ministries  
PO BOX 351  
GOSHEN, IN 46527-0351

Please print

Would you help this ministry and I grow in excellence by completing and returning this Ministry Evaluation Form and return in the self-addressed envelope enclosed for your convenience.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME OF CHURCH/MINISTRY:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **DATE(s) OF MINISTRY:** \_\_\_\_\_

1. Length of ministry time:

Too Long \_\_\_\_\_

Too Short \_\_\_\_\_

Appropriate \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did I avoid suggesting what memory to go into or use any visualization or guided imagery that did not allow you to have a genuine healing experience directed by the Holy Spirit?

Yes \_\_\_\_ No \_\_\_\_

3. Did I ask questions that were reflective of the actual memory content that surfaced?

Yes \_\_\_\_ No \_\_\_\_

4. Did I help you discern the emotions in true reality of the memories that surfaced?

Yes \_\_\_\_ No \_\_\_\_

5. Did I help you discover the true source of any emotional pain that surfaced or the content of your memories?

Yes \_\_\_\_ No \_\_\_\_

6. Did you experience the Lord Jesus helping to embrace and discern the lies that you had believed in those memories and discover the truths?

Yes \_\_\_\_ No \_\_\_\_

7. Were the team members prepared for ministry and on time? Yes \_\_\_\_ No \_\_\_\_

8. What exhortations or encouragement would you give that would help the church/ministry benefit from its meeting with Master's Touch Ministries and the team?

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9. Would you recommend Master's Touch Ministries to pastors, or ministry leaders with whom you fellowship or network? Yes \_\_\_\_ No \_\_\_\_

10. Additional Comments:

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