

PROPHETIC MINISTRY / TEAM PROPHETIC PRESBYTRY 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. Was the prophetic ministry accurate and did it line up with Scripture?

Yes ____ No ____

3. Was the ministry edifying?

Yes ____ No ____

4. Did the prophetic ministry direct the individual to do something that has not been confirmed by the Holy Spirit?

Yes ____ No ____

5. Was the ministry you received what you expected?

Yes ____ No ____

6. Was the prophetic word given in such a way that the individual or church understands the message and how to apply it?

Yes ____ No ____

COMMENTS:

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?

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

10. Additional Comments:
