

TEACHING / PREACHING 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 teaching or preaching time appropriate for your group and was it what you requested?

Yes ____ No ____

3. Were the exercises of the teaching appropriate and provide a means for application of the teaching received?

Yes ____ No ____

COMMENTS:

4. 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?

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

6. Additional Comments:
