

# Evaluation of Chapter Outreach Meeting

Chapter Name: \_\_\_\_\_

Meeting Place: \_\_\_\_\_

Date: \_\_\_\_\_ Day & Time: \_\_\_\_\_

Type of Meeting: \_\_\_\_\_

How was the Meeting Advertised: \_\_\_\_\_

Name of Emcee: \_\_\_\_\_ Name of Speaker: \_\_\_\_\_

## **ASSESSMENT OF THE MEETING:**

Total No. at Meeting: \_\_\_\_\_ No. of Members Present: \_\_\_\_\_ Non-Christians Present: \_\_\_\_\_

Were members present early enough to set up? YES NO How long before \_\_\_\_\_

Was there prayer with the speaker before the meeting? YES NO

Were visitors welcomed and made to feel comfortable? YES HALF-HEARTED NO

Did the meeting start on time? YES NO If not, how late \_\_\_\_\_ min

Were notices etc. communicated effectively? YES NO

Was FGBMFI purpose and membership explained effectively? YES NO

Were donations received? HOW \_\_\_\_\_

Was there music? YES NO \_\_\_\_\_

Were there short testimony's? YES NO \_\_\_\_\_

Did the emcee present well? YES NO \_\_\_\_\_

Did the speaker clearly present their testimony? YES NO \_\_\_\_\_

Special points of testimony \_\_\_\_\_

Was there an opportunity for people to respond for salvation? YES NO

Technique with salvation and ministry call \_\_\_\_\_

Was there an opportunity for people to find out more about Jesus? YES NO

Were people given an opportunity to be prayed for? YES NO

Was baptism in the Holy Spirit explained and offered? YES NO

Who undertook ministry? (speaker, officers, members) \_\_\_\_\_

Number responding \_\_\_\_\_

Were the gifts of the Holy Spirit evident? YES NO \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
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CHAPTER HEALTH ASSESSMENT: Strong      Healthy      Weak      Ailing      Dead

ACTION REQUIRED:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Reviewer: \_\_\_\_\_