

## **EVALUATION OF PRESENTION**BY A LAY SERVANT/LAY SPEAKER/CERTIFIED LAY MINISTER

Conference		District	
	DATA ON TH	E SPEAKER	
NAME( ) Mr. (	) Mrs. ( ) Ms.		
ADDRESS			
CITY	STATE	ZIP	
PHONE: HOME	WORK	CELL	
E-MAIL			
NAME OF CHURCH WHERE	MEMBERSHIP IS HELD	·	
ADDRESS OF CHURCH			
E-MAIL of CHURCH:			
	STATUS OF TH	4E SDEAKER	
( ) 6 11 6	-		
( ) Certified Lay Servant	( ) Lay Speaker	( ) Certified Lay Minister	
	DATES OF PRESENTA	TION OR SERVICES	
Please list the dates:			

## **EVALUATION**

What was the main point of the sermon and was it well developed?		
What was distracting about the sermon?		
What was the best thing about the sermon?		
Describe the delivery of the sermon. Was it done well? Was it engaging?		
What other comments recommendations or concerns would you like to address?		
What other comments, recommendations, or concerns would you like to address?		
INFORMATION ON CHURCH WHERE PRESENTATION WAS GIVEN		
NAME OF CHURCH		
ADDRESS OF CHURCH		
E-MAIL of CHURCH:		
PHONE NUMBER:		