**PEER EVALUATION FORM**

Small Group Leader

Study Topic

Evaluator

Date of Visit

**Overview**

Please rate the following categories: (**1-Poor**,**2-Below Average**, **3-Average**, **4-Good**, **5-Excellent**)

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| **Attributes** | **1** | **2** | **3** | **4** | **5** |
| Welcoming Environment (friendly, comfortable, etc.) |  |  |  |  |  |
| Study Time (engaging leadership, participatory discussion) |  |  |  |  |  |
| Breakout Time (authenticity, accountability, prayer) |  |  |  |  |  |
| Organized (group is planned, orderly, start & end on time) |  |  |  |  |  |
| Leadership (prepared to lead, care for members) |  |  |  |  |  |
| Apprentice (identified, intentional development) |  |  |  |  |  |

**Areas of Strength**

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**Areas for Improvements (with suggestions)**

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**How was your follow up conversation with your Small Group Leader?**

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