

# Ministry Event Evaluation Form



*One of the final important responsibilities for your event is to conclude with an evaluation. Evaluation reviews of your event can help with future planning, changes and improvements.*

Event Name			Date(s)	
What was the hoped-for outcome?				
Did we succeed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would you do this event again? Why? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did it connect with our mission?				
	As planned (hoped-for)	Actual Results		
Prayer, Praise				
Purpose, Power				
Advancing the Kingdom				
What went well?				
What would we do differently next time?				
How many people were involved?	Leaders/helpers:		Participants:	
What did it cost?				
Any Follow-up?				
Completed By:			Date:	