

**CVZ Ministry Event Evaluation Form**

<b>Name of Ministry Event</b>		<b>Date(s)</b>	
<b>What is our hoped-for outcome?</b>			
<b>Did we succeed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>How does it connect with our mission in one or more ways? To grow together in the family of God, seeking Jesus, sharing His love, and changing lives.</b>			
	<b>As planned (hoped-for)</b>	<b>Actual Results</b>	
<b>Seeking Jesus</b>			
<b>Sharing His Love</b>			
<b>Changing Lives / Spiritual Growth</b>			
<b>What went well?</b>			
<b>What would we do differently next time?</b>			
<b>How many people were involved?</b>	<b>Leaders/helpers:</b>	<b>Participants:</b>	
<b>What did it cost?</b>			
<b>Any Follow-up?</b>			
<b>Completed By:</b>		<b>Date:</b>	