

Help us Make Connect Groups Even Better!

Name of your Connect Group _____ Leader: _____

Your name (optional) _____

1. Which of the following best describes your involvement in your Connect Group?
 - a. Regular attender
 - b. Attended 50% of the meetings
 - c. Was unable to attend more than one or two meetings

2. Please rate the following:

	Poor				Great!
a. Content, activity, or material used for the group	1	2	3	4	5
b. How would you describe the overall experience?	1	2	3	4	5

3. What was the most meaningful part of the group experience?

4. What suggestion(s) would you make for improvement?

5. What is the most important factor that you consider when signing up for a group?
 - a. Leader
 - b. Time/day
 - c. Group focus or topic
 - d. Category of group (life, spiritual growth, fellowship, mission/service)
 - e. Number of sessions

6. For future groups, what timeframe works best for you? (circle all that apply)

No preference	Morning	Feb – April
Weekends	Afternoon	June-July
Weekdays	Evening	October – December

7. Would you consider hosting/leading a Connect Group in the future? YES NO
If yes, please include your name _____

8. What is one thing you would tell someone who is considering signing up for a Connect Group?

9. Please share any suggestions you have for future group focus/topic.