**Feedback form **

Please tell us about your experience of *Gospel Shaped Living*.
(Please write on the back as well if you need more space.)

**1. Which of the following did you take part in or use?**

 Main teaching sessions \_\_\_

 Devotionals \_\_\_

 Group Bible study \_\_\_

 Personal journal \_\_\_

 Sermon notes \_\_\_

**2. How encouraging did you find Gospel Shaped
Living?** *(1 = not at all; 5 = very)* \_\_\_

What in particular encouraged you?

**3. How challenging did you find Gospel
Shaped Living?** *(1 = not at all; 5 = very)* \_\_\_

What in particular challenged you?

**4. How well did the material suit you and your group? (eg: the type and level of question, length of discussion time, opportunities to share with others)**  *(1 = not at all; 5 = very))* \_\_\_

Please give details.

**5. What was the highlight of the course for you?**

**6. What could we do better next time?**

**7. What next step will you take personally as a result of this curriculum?**

**8. What one thing would you like the church to change as a result of this curriculum?**

**9. Would you like further training in the area of Gospel Shaped Living? If so, what training would you find most helpful?**

**10. If we run another course from the Gospel Shaped Church curriculum, how likely are you to take part?**