

YOUTH EVALUATION

Name: _____

1. On a scale of 0 - 10, how much do you enjoy coming to youth group?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely

2. What have been some highlights/what has worked well?

3. What would you like to see happen in the future at youth evenings?

4. What element do you struggle with/ not enjoy as much?

5. I believe sessions/youth nights would be better if:

6. Something I would like to challenge myself to/ a skill I would like to grow in youth group is:

7. Do you have anything further to add?
