

TEAM LEADER EVALUATION
MISSIONS INVOLVEMENT SERVICES
CEDARVILLE UNIVERSITY

Name: _____ Country: _____

Mission agency: _____ Number on Team: _____

Contact in country: _____ Dates of Ministry: _____

Description of ministry: _____

Please rate your experience on a scale of 1-5 with 1 being the lowest or not at all, 3 being somewhere in between, and 5 being the highest or definitely. If you wish to comment on your response, there is a space for explanation with each question.

1. Did you feel adequately prepared for this ministry? (Circle one)

1 2 3 4 5

If not, what could have been done differently?

2. Was your ministry on the field effective in your estimation? (Circle one)

1 2 3 4 5

Comments...

3. Was your ministry effective in the lives of the team members? (Circle one)

1 2 3 4 5

Comments...

4. Was your ministry effective in the lives of the missionaries? (Circle one)

1 2 3 4 5

Comments...

5. What are some suggestions for future involvement in the same location/ministry?

(OVER)

6. What things should be added to or taken away from preparation?

7. Would you recommend all team members for future MIS service and participation?

(Circle one)

1 2 3 4 5

If not, who and why?

8. Did the team bond, unify, and form close-knit relationships during the MIS experience? (Circle one)

1 2 3 4 5

If not, why?

9. The communication with the MIS office about applications, due dates, letter writing, support raising, flights, etc. was clear, informative, and timely: (Circle one)

1 2 3 4 5

If not, how could we improve?

10. Additional comments...(feel free to write on a separate sheet of paper)

Please return completed evaluation to:

**Cedarville University - MIS
251 N. Main St.
Cedarville, OH 45314**