

Review of Learnings Feedback Form

(Fill out a copy of this form for each person in your group)

Name of person to whom feedback is being offered: _____

Your name: _____

Date of the Learning Circle: _____

Based on my experience of you, these are some of the gifts and skills for ministry that I observe:
(In each case please cite:

- specific examples to illustrate your observation and
- the statement from the CCS "Learning Guidelines" to which you connect your comment)

1.

2.

3.

4.

One or two areas of work that I would encourage you to consider seriously for further attention:
(In each case please cite:

- specific examples to illustrate your observation and
- the statement from the CCS "Learning Guidelines" to which you connect your comment)