



# Qualifying Presentation Evaluation

QUALIFYING GIDEON		CAMP	
ADDRESS			
CITY	STATE	ZIP	
MEMBERSHIP NUMBER			
PHONE NUMBER		E-MAIL	

1. Did the presentation inform, inspire, encourage and challenge you?  YES  NO
2. Was the presentation easily heard by everyone in attendance?  YES  NO
3. Was the presentation made within the given time?  YES  NO
4. Were the demeanor, body language and attire of the Gideon acceptable?  YES  NO
5. Would you want this man to speak in your church?  YES  NO
6. If applicable, did the PowerPoint slides enhance the presentation?  YES  NO  NA
7. Would you permit a similar PowerPoint presentation in your church?  YES  NO  NA

ANY "NO" ANSWER DISQUALIFIES THE PRESENTATION

COMMENTS

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APPROVAL DATE

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EVALUATION CHAIRMAN	AREA TEAM MEMBER POSITION
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EVALUATOR

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EVALUATOR

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NOTE: THE EVALUATION CHAIRMAN IS A MEMBER OF THE AREA TEAM WHO IS NOT IN THE SAME CAMP AS THE QUALIFYING GIDEON.

COPIES TO: QUALIFYING GIDEON, CAMP VICE PRESIDENT, CAMP CHURCH MINISTRY CHAIRMAN, CHURCH MINISTRY PROGRAM ASSISTANT, STATE CHURCH MINISTRY COORDINATOR