

Shepherd's Staff Lay Care Giving Evaluation

Your Name _____ Your Shepherd Staff Care Giver _____

Please rate these statements on a scale from 1 to 5, .1=poor, 3=average, 5=great. Please put the completed form in the envelope provided and seal it. Please place the envelope in the Healing Ministries mailbox. Thank you!

- | | |
|---|-----------|
| 1. Your initial interview with the Shepherd's Staff Care Giver. | 1 2 3 4 5 |
| 2. The entire care giving process from beginning to end. | 1 2 3 4 5 |
| 3. Was your Care Giver on time and consistent with appointment dates with you? | 1 2 3 4 5 |
| 4. The level of understanding and support exhibited to you by the Shepherd's Staff Care Giver. | 1 2 3 4 5 |
| 5. The practicality of the homework exercises and other assigned material such as books and tapes. | 1 2 3 4 5 |
| 6. The ability of you and your Shepherd Staff Care Giver to clarify and work on your goals. | 1 2 3 4 5 |
| 7. The level of benefit you are still experiencing from the care you received. | 1 2 3 4 5 |
| 8. The degree to which this experience has enhanced your spiritual journey and relationship with God. | 1 2 3 4 5 |
| 9. The degree to which this care giving ministry adhered to your understanding of the Scriptures. | 1 2 3 4 5 |

Optional But Very Helpful:

Your greatest breakthrough from this Care Giving Ministry.

Your biggest disappointment with your Care Giver.

Your biggest suggestion for the improvement of The Shepherd Staff Care Giving Ministry.

Your strongest feeling about the care you received.