**Act of Worship Evaluation Sheet**

**THEME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DELIVERY + - | | | | COMMENT |
| Was the delivery appropriate for the students present? | |  |  |  |
| Was the atmosphere relaxed and secure? | |  |  |  |
| Was the theme creatively linked throughout? | |  |  |  |
| GATHER + - | | | | COMMENT |
| Music | |  |  |  |
| Sign of the Cross | |  |  |  |
| Welcome | |  |  |  |
| WORD + - | | | | COMMENT |
| Scripture | |  |  |  |
| Scripture Explanation | |  |  |  |
| RESPONSE + - | | | | COMMENT |
| Was there a whole group action?  **See | Hear | Think | Do** | |  |  |  |
| Were there any prayers used?  **Sorry | Asking | Thank you | School** | |  |  |  |
| MISSION + - | | | | COMMENT |
| Was there a mission presented to the students?  **Community | Achieve | Respect | Encounter** | |  |  |  |
| Sign of the Cross | |  |  |  |
| **HOW DID THIS ACT OF WORSHIP IMPACT YOU?** | | | | |
|  | | | | |
| Student: | Form: | | | |