



Small Group Ministry Report

Date _____

Group Name _____

Leader(s) _____

In Attendance

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

✓ Check if this is a first-time attendee

Not in attendance

_____	_____
_____	_____
_____	_____

Did you follow up on last week's absentees? _____ yes _____ no

Are there any special concerns that the pastors or church staff should know about?

What are you doing personally about those concerns and needs?

Are there any special victories shared by the group?

Special prayer requests:

Would you like a staff member to contact you? _____ yes _____ no

Leader(s): please turn in this form to Julie Wright after each session.