



ChristCare Series

# ChristCare® Group Leader Check-In Report

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 1. Activity Ratings

Based on your own observations and feedback from ChristCare Group members, rate each of the four major activities of ChristCare Group life on a scale of 1 to 5. Be prepared to briefly share your reasons for each rating.

1 = very low

- reluctant or no participation by group members
- activity does not carry out the group's purpose or mission
- activity does not meet group members' needs

5 = very high

- group members enthusiastically participate
- activity clearly carries out the group's purpose or mission
- activity definitely meets group members' needs

1-----2-----3-----4-----5      Community Building and Care

1-----2-----3-----4-----5      Biblical Equipping

1-----2-----3-----4-----5      Prayer and Worship

1-----2-----3-----4-----5      Missional Service

## 2. Current Need or Challenge

Briefly describe the major need or primary challenge that you or your group faces at this particular time.

Briefly describe how you or your group has handled this need or challenge thus far.

**3. Is this an emergency?**

Do you need the *immediate assistance* of the SEA Group to deal with this need or challenge?  yes  no