Sermon Feedback Guide

Preacher:_____ Evaluator:_____ Date:_____

General

1. What did you **hear** to be the:

    - **Text** of the Sermon:

    - **Theme/Subject** of the Sermon:

2. Circle ALL the following terms that describe your **Reaction** to the sermon:

| Really enjoyed | Helpful | Interesting/Informative | Thought-provoking |
| Touched me | Offended me | Over my head | Not that interesting |

Content

	Poor	Needs Attention	Satisfactory	Excellent	Comments
Introduction	1	2	3	4	
Explanation	1	2	3	4	
Application	1	2	3	4	
Illustration	1	2	3	4	
Argumentation	1	2	3	4	
Conclusion/Summation:	1	2	3	4	
Integrity of Exposition	1	2	3	4	
Christ-centered	1	2	3	4	
Gospel-driven	1	2	3	4	
Structure/Outline	1	2	3	4	
Transitions	1	2	3	4	

Main Points/Divisions:

Voice

	Poor	Needs Attention	Satisfactory	Excellent	Comments
Volume	1	2	3	4	
Tone	1	2	3	4	
Rate	1	2	3	4	
Articulation	1	2	3	4	
Scripture Reading	1	2	3	4	

Body

	Poor	Needs Attention	Satisfactory	Excellent	Comments
Facial Expressions	1	2	3	4	
Gestures	1	2	3	4	
Movement	1	2	3	4	
Eye Contact	1	2	3	4	
Use of Notes	1	2	3	4	
Use of Media/Objects	1	2	3	4	

Recommendations

3 things to keep…   **3 things to throw away…**

1.   1.

2.   2.

3.   3.