|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Ministry Event | |  | | | Date(s) | |  |
| What is our hoped-for outcome? | |  | | | | | |
| Did we succeed?  □Yes □No | |  | | | | | |
| How does it connect with our mission in one or more ways? | | | | | | | |
|  | As planned (hoped-for) | | | Actual Results | | | |
| Belong |  | | |  | | | |
| Be Transformed |  | | |  | | | |
| Make a Difference |  | | |  | | | |
| What went well? | | |  | | | | |
| What would we do differently next time? | | |  | | | | |
| How many people were involved? | | | Leaders/helpers: | | Participants: | | |
| What did it cost? | | |  | | | | |
| Any Follow-up? | | |  | | | | |
| Completed By: | | |  | | Date: |  | |