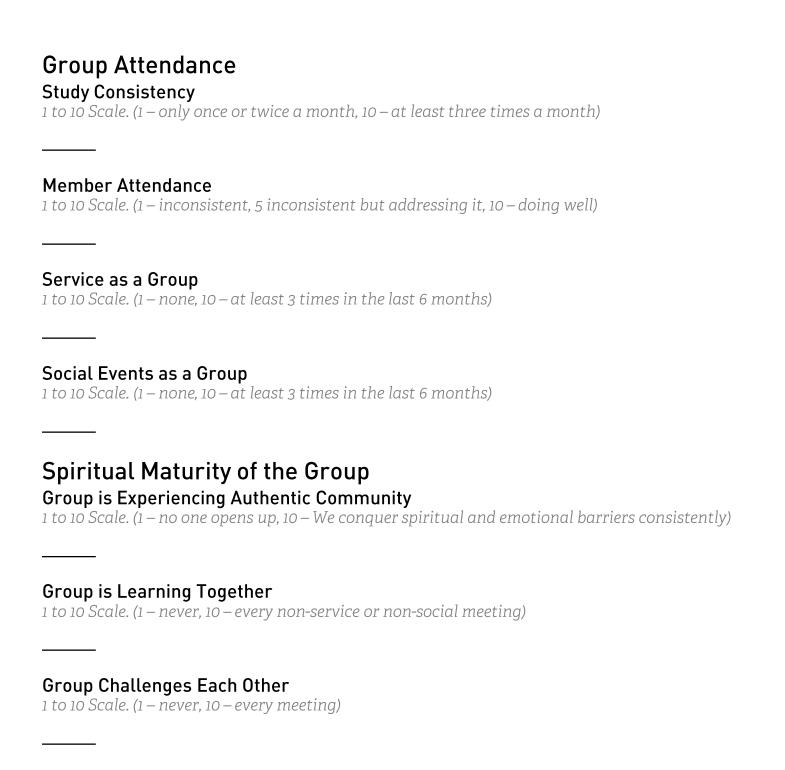
## **NT Group Health Assessment**

## **NT Group Leader's Information**

| Name:  | Phone:                 |           |
|--|------------------------|-----------|
| Address:   | _State:                | Zip code: |
| Email: @   |                        |           |
| The areas I need to sharpen as a leader are:   |                        |           |
| Top challenges I am and/or my group is facing  | <b>j:</b>              |           |
| Identify the Life Stage of your Group:   |                        |           |
| Group Health Assessment NT Group Leader I (NTGL) am being mentored 1 to 10 Scale. (1 – none, 5 – most months, 10 – every months) | nth)                   |           |
| I (NTGL) am mentoring a person in my group 1 to 10 Scale. (1 – none, 10 – at least one person)                                   |                        |           |
| Identified Apprentice 1 to 10 Scale. (1 – no, 5 – asked someone but they're not  | committed yet, 10 – ye | 25)       |
| My (NTGL) Prayer Life 1 to 10 Scale. (1 – 3 not doing well, 4 – 6 doing OK, 7 – 8.   | strong, 9 – 10 amazing | )         |



Group provides Pastoral Care, Emotional Support, and Prays for Each Other's Needs 1 to 10 Scale. (1 – never, 10 – every time someone in the group is in need)

#### Group Health Assessment Rating \_\_\_\_\_

Two Action Steps to move Group Health Rating Next Time:

### **Group Members and Their Next One More**

| Group Member Name | First One More | Second One More |
|-------------------|----------------|-----------------|
|                   |                |                 |
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|                   |                |                 |

# Missing In Action List (people who have come to group but have ceased attending)

| Name | Followed Up With |
|------|------------------|
|      |                  |
|      |                  |
|      |                  |
|      |                  |
|      |                  |