

# Small Group Gifts Assessment Sheet

Group Name:

Date:

Facilitator:

## Members Assessment

#	Member Name	Gift Areas	Observed Strengths	Comments
1	<div></div>	<div></div>	<div></div>	<div></div>
2	<div></div>	<div></div>	<div></div>	<div></div>
3	<div></div>	<div></div>	<div></div>	<div></div>
4	<div></div>	<div></div>	<div></div>	<div></div>
5	<div></div>	<div></div>	<div></div>	<div></div>

Group Observations: