CONCORDIA UNIVERSITY TEXAS  LEADERSHIP FORM

Name___________________________________________ Date of Report________________________

Church________________________________________ Type of Activity________________________________

**General Description of Activity:** (who, what, location, time, # involved, etc.)

**Primary Goals of Event/Class:** (what are your key learning outcomes?)

**Outline of Activity/Class:** (what was your plan, list key steps, or attach an outline)

**Evaluation of Event:** (objective description of the event/class)

**Summary of Learning:** (What would you do the same/different? What key learnings/insights about ministry did you gain from leading this event? Use back of form if necessary)

Signature of Event Supervisor: _______________________________________________