



Care Receiver Evaluation

CONFIDENTIAL

Your name _____

Phone _____

1. Your expectations

a. What were your expectations of Stephen Ministry and your caregiver at the beginning of the caring relationship?

b. In what ways were your expectations met?

c. Did your expectations of Stephen Ministry and your caregiver change? If so, how?

2. What was the most meaningful aspect of your visits with your Stephen Minister?

3. Did you experience growth in your relationship with God as a result of the relationship with your Stephen Minister? If so, please share a bit about that growth.

4. What would you have changed about your visits?

(continued on the next page)



5. Below is a list of concerns that people sometimes have about Stephen Ministry. Place a check by any that were a concern for you and briefly describe the nature of your concern and your Stephen Minister's response to your concern.

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The ability of a lay person to provide the type of care you felt you needed

Referral to other resources in the congregation or community

The faithfulness of the Stephen Minister in making visits

How accepting or nonjudgmental the Stephen Minister would be of you and your situation

The closure of the relationship with your Stephen Minister

6. Would you recommend Stephen Ministry to a friend? Why or why not?

7. Would you ever consider becoming a Stephen Minister?

8. Other comments or suggestions?

Check here if you give your permission to share the preceding information with your Stephen Minister.

Your Stephen Minister's name _____

Your signature _____

Thank you for completing this evaluation. Please return by _____
to _____