

WIN Ireland Care Groups Weekly Report

Servant : _____

Date & Time of Meeting: _____

Asst. Servant: _____

Care Group: _____

Book/Lesson: _____

Teacher: _____

Instructions: Servants, please fill out this form each week. Keep your copy, then pass a copy to our Sis. Lilian Acosta, our Care Groups Coordinator.

Attendance Record

Regular Attenders

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

First Time Visitors

- 1.
- 2.
- 3.
- 4.

Guests

- 1.
- 2.
- 3.
- 4.

Regular Attenders Absent:

- 1.
- 2.
- 3.

Has anyone left your group over the past month? _____ Yes; _____ No. If yes, please provide the name and reason for leaving.

Name

Reason for leaving

Activity Summary (Briefly describe what your group did this week; include in-group (lesson, etc.); out-of-group (fellowship, visitations, coffee); and one-on-one activities (visitation, counseling).)

Next Steps (What are your plans for the group next month? What are you doing to develop your assistant (s)? Have you identified other potential assistants?)

Just To Let You Know... (Is there anything you would like to celebrate? Do you have any problems, prayer requests, or questions? (Note: For urgent problems or prayer requests, please call the Care Group Coordinator or the Pastor.)