

**TREE** (The Retreat ExperiencE)      Date:

## **DIRECTOR/COUNSELOR EVALUATION**

### **A. RATE THE FOLLOWING ON SCALE OF 1-4**

**4-EXCELLENT**

**3-GOOD**

**2-FAIR**

**1-UNSATISFACTORY**

**1. FOOD** \_\_\_\_\_

**5. SIS 2 SIS** \_\_\_\_\_

**2. LODGE** \_\_\_\_\_

**6. BRO 2 BRO** \_\_\_\_\_

**3. SPEAKERS** \_\_\_\_\_

**7. POWER CONCERT** \_\_\_\_\_

**4. PRAISE & WORSHIP** \_\_\_\_\_

**8. POWER GROUP TIME** \_\_\_\_\_

**9. QUIET TIME** \_\_\_\_\_

**10. ACTIVITIES** \_\_\_\_\_

**11. TRANSPORTATION** \_\_\_\_\_

**12. RETREAT CENTER STAFF** \_\_\_\_\_

**13. PUNCTUALITY** \_\_\_\_\_

**13. OUR RETREAT STAFF** \_\_\_\_\_

### **B. HOW WAS THE RETREAT HELPFUL TO YOUR SPIRITUAL GROWTH?**

### **C. LIST ANY SUGGESTIONS YOU MAY HAVE FOR IMPROVEMENTS.**

### **D. HOW DID WE DO?**

### **E. AGE GROUP YOU WORKED WITH:**