



post ministry evaluation

Post ministry evaluation report is to be completed by the lead facilitator within 24 hours and sent to Judy Slegh at nephrosministries@gmail.com.

Sozo Date: _____

Name of person receiving ministry: _____

Lead Facilitator: _____

Encourager/Intercessor: _____

Any other people present: _____

Circle the areas that were successfully dealt with

(or highlight areas that were dealt with).

Father Ladder: Father God Jesus Holy Spirit

Four Doors: Anger/Hatred Fear Sexual Sin Occult

Presenting Jesus: Wall Shabar

Debrief comments: (Be more specific. List any concerns or areas not dealt with, good reports, praises, etc, what issues were addressed, other tools used, etc. – Use back of this sheet to write.)

Yes No Is there anything that concerned you or that you believe that leadership would need to know about their Sozo if ever asked?

Yes No Was there anything that they did not want to deal with?

Recommended follow-up:

Be Specific: _____ or As needed