

# Nephros Sozo Post Ministry Evaluation Form

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

Name of person receiving ministry:      Date:

Lead Facilitator: Judy Slegh      Encourager/Intercessor:

Any other people present: \_

Circle the areas that were successfully dealt with (or highlight areas that were dealt with).

<b>Father Ladder:</b>	<b>Father God</b>	Jesus	Holy Spirit	
<b>Four Doors:</b>	Anger/Hatred	Fear	Sexual Sin	Occult
Presenting Jesus	Wall	Generational Strongholds	Shabar	

**Debrief comments: (Be more specific and list any concerns or areas not dealt with, good reports, praises, etc, what issues were addressed, other tools used....**

**IS there anything that concerned you or that you believe that leadership would need to know about their Sozo if ever asked? no**

**Was there anything that they did not want to deal with? no**

**Recommended follow-up- be specific: as needed**