

Feedback Form *for Theophostic Prayer Ministry sessions*

We value your input!

Please return this questionnaire to Betsy Stalcup at emstalcup@gmail.com or 12022 Lake Newport Road, Reston, VA 20194.

Facilitator's names _____

Recipient's name: _____ Date: _____

Home Church: _____

1. Did the facilitators introduce you to the general principles of Theophostic Prayer Ministry before they began?

☐ yes ☐ no

2. Did you feel comfortable with their explanation of the process?

☐ yes ☐ no, if no, why not?

3. Did you feel that you had some measureable amount of healing during the session?

☐ yes ☐ no. If yes, would you be willing to share with us?

4. How would you rate the overall experience?

☐ Very helpful ☐ helpful ☐ somewhat helpful ☐ not helpful.

Please explain any problems you may have experienced: _____

5. Would you recommend these facilitators to others in need of ministry?

☐ yes ☐ no. If no, could you kindly explain:

