

EVANGELISM TEAM WEEKLY REPORT FORM
Supervised Ministry I – New Orleans Baptist Theological Seminary

Class Section _____ Church _____

Evangelism Team Members: _____

Indicate a number for the following areas. When two or more team members have a witnessing encounter together, show results as one witnessing encounter. After completing all 10 weeks, have your supervisor sign the form below.

Week #: Month/Date 1: / 2: / 3: / 4: / 5: / 6: / 7: / 8: / 9: / 10: / TOTAL

TEAM WITNESSING ENCOUNTERS											
# of attempts											
# talked with											
Type of Encounter											
Church prospect											
Survey											
Servanthood evangelism											
Other											
Gospel Presented											
1 st -time confession of faith											
Assurance											
No decision											
Gospel Not Presented											
Already a Christian											
Not receptive											
Interrupted											
INDIVIDUAL WITNESSING ENCOUNTERS											
# talked with											
# of times Gospel presented											
1 st -time confession of faith											
Assurance											
Baptisms for Team and Individuals											

As the evangelism team supervisor, I verify that this evangelism team has completed the above hours in personal evangelism ministry and has met with me at least twice during the semester to reflect on the team's witnessing encounters.

SUPERVISOR SIGNATURE _____ **DATE** _____

