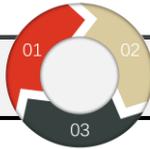


PROJECT PATHWAY



EVALUATION FORM

Camper Name _____

Counselor Name _____

Cabin # _____

Date _____

Camp week _____

of Campers in Cabin _____

Camper Home Church _____

This evaluation should be an honest and loving summary of your observations of this child.

1. Observations of Camper's Attitude:

Related to Spiritual Things

	Poor	Average	Good	Great
Chapel Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotional Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing Scripture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metaphor Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participation in Specific Activities

	Poor	Average	Good	Great
All Campus Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Related to the Program

	Poor	Average	Good	Great
General Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific, Brief, Pertinent Story

(Optional)

Related to Others

	Poor	Average	Good	Great
Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Campers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the Camper Understand Salvation? YES NO

3. To the Best of Your Knowledge, does this camper believe that they are saved? YES NO

4. Spiritual Decisions Made this Week:

- Salvation
- Baptism
- Full Time Ministry
- Assurance of Salvation
- OTHER: _____

Brief Explanation Concerning Decision

5. What was the CAMPER'S favorite part of camp? _____

6. According to the camper, what spiritual area do they need to work on the most? _____



STEP 1 - INTERVIEW



STEP 2 - EVALUATION



STEP 3 - SERVICE