



Collective Worship Monitoring and Evaluation

Student Form



Date:	Name:	Collective Worship Type:
What was the theme? Was it clear and well explained? Who was leading the prayer?		
What went well?	What would have made it even better?	
What do we need to do next time to keep improving?	Did you see... <ul style="list-style-type: none"><input type="checkbox"/> Sign of the Cross<input type="checkbox"/> Scripture<input type="checkbox"/> Silence<input type="checkbox"/> Movement or Actions<input type="checkbox"/> Music and Song<input type="checkbox"/> Links to Scripture<input type="checkbox"/> Everyone was included<input type="checkbox"/> A mission	



Collective Worship Monitoring and Evaluation

Staff Form



Date:	Name:	Role:	
Theme and leaders of Collective Worship:			
Areas of Strength:	Areas for Development:		
Action Points for me:	Timeframe:	Action Points for others:	Timeframe: