

**LABOURERS FOR CHRIST MINISTRIES**  
**NEEDS ASSESSMENT EVALUATION**

MINISTRY	DATE TIME	INITIALS	COMMENTS
Accountability Partner			
Counseling			
Deliverance Worker			
Evangelistic/Discipleship			
Healing Station			
Intercessory Prayer			
Panel Discussion			
Prayer Focus Group			
Testing/Medical Assessment			
Time Zone Leader			

SCHEDULE CHANGE NEEDED REASON:

ADDITIONAL COMMENTS BRIEF:

POST RETREAT FOLLOW-UP NEEDED:

REFERRALS MADE:

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**RETREAT SUPPORT COACH**

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**RETREAT ID #**