



BROWN TRAIL STUDENT PREACHER REVIEW

Date of Review: _____

Congregation: _____

Address: _____

Name of Person Filling Out This Review: _____

Designation: Elder Deacon Member Minister

Student's Name: _____

Class/Sermon Subject: Bible Class: _____

Sermon A.M.: _____ Sermon P.M.: _____

How Well Did Student Cover His Material? _____

Did Student Have A Good Mix of Scriptures Along With Comments? _____

Did Student Use His Time Well In His Presentation? _____

How Was Student's Physical Presentation In So Far As The Way He Was Dressed?

What Type of Impression Did You Have Of Student? _____

If Family Attended, What Type of Impression Did They Leave? _____

Please feel free to put any additional comments on the back of this form.
Thank you for your assistance.

