



Ministry Training Area Evaluation Form

Sign Language Team

Name(s): _____

Junior High

Senior High

Church: _____

IFCA Regional: _____

Title: _____ Author: _____

<p><u>Choice of Song</u> Division Rating: _____ (Appropriate for use in local church, Biblical accurate, presents Christian message with ministry effectiveness in mind) Comments:</p>	<p><u>Communication</u> Division Rating: _____ (ASL grammatical structure, clarity of signs, hands should be clearly within signing space) Comments:</p>
<p><u>Delivery</u> Division Rating: _____ (Message easily understood, shows a visual picture, demonstrates appropriate emotion, originality in presentation) Comments:</p>	<p><u>Technique</u> Division Rating: _____ (Creative elements, proper direction of signs for whom the message is intended, appropriate energy, presenter appearance & attire, spacing, stage, presence) Comments:</p>
<p><u>Effectiveness</u> Division Rating: _____ (Evident ministry, visual impact, apparent thought & time in preparation, strong knowledge of lyrics & singing selection, understandable concept) Comments:</p>	<p><u>Connection</u> Division Rating: _____ (Synchronization, did the presenters draw the audience into worship, presenters purposeful in connecting with the audience) Comments:</p>

For Administrative Use Only

Overall Division Rating: _____

Scholarship (Yes or No): _____