

SERVICE EVENT EVALUATION FORM

(For additional sheets go to www.oslcs.org There you can download and print more off under the Youth Downloads Section.)

Name: _____

Grade: _____

Date the event took place: _____

Name of the event: _____

What did you do at this event? _____

How did you feel about the work you did? (Was it rewarding to you? Did you feel like you helped? Did you feel like you didn't understand what you were to do? Did you feel like you stood around and did nothing the whole time? Etc.) _____

Would you like to do this event again? Circle one: YES NO

Why? _____

Parent signature: _____

Date: _____

IDEAS FOR SERVICE EVENTS: Help watch children in the nursery on Sunday morning during a worship hour (but **NOT** during the hour you normally worship!), Watch the newsletter, listen to announcements—service opportunities are happening all the time!

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IDEAS FOR SERVICE EVENTS: Help watch children in the nursery on Sunday morning during a worship hour (but **NOT** during the hour you normally worship!), Watch the newsletter, listen to announcements—service opportunities are happening all the time!

SERMON NOTE DISCUSSION PAGE 1

(You can download and print off additional sheets under
the OSYM Downloads Section at www.osles.org.)

TO BE COMPLETED TOGETHER BY STUDENT AND PARENTS/FAMILY
LATER THAT SAME DAY OF WORSHIP

Name: _____ Grade: _____

Date of Sunday attended: _____

Sermon Title: _____

Preacher: _____

Location: _____

What were the main points of the Sermon? _____

What have you learned from the sermon that you can now apply to your life?

Signature of parent who ***shared in discussion*** of sermon note page with
student: _____

NOTE! Complete all areas or
the assignment will not be accepted.

SERMON NOTE DISCUSSION PAGE 2

(You can download and print off additional sheets under
the OSYM Downloads Section at www.oslcs.org.)

**TO BE COMPLETED TOGETHER BY STUDENT *AND* PARENTS/FAMILY
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Date of Sunday attended: _____

Sermon Title: _____

Preacher: _____

Location: _____

What were the main points of the Sermon? _____

What have you learned from the sermon that you can now apply to your life?

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Name: _____ Grade: _____

Date of Sunday attended: _____

Sermon Title: _____

Preacher: _____

Location: _____

What were the main points of the Sermon? _____

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SERMON NOTE DISCUSSION PAGE 5

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**TO BE COMPLETED TOGETHER BY STUDENT *AND* PARENTS/FAMILY
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Name: _____ Grade: _____

Date of Sunday attended: _____

Sermon Title: _____

Preacher: _____

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What were the main points of the Sermon? _____

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SERMON NOTE DISCUSSION PAGE 6

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Name: _____ Grade: _____

Date of Sunday attended: _____

Sermon Title: _____

Preacher: _____

Location: _____

What were the main points of the Sermon? _____

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Signature of parent who ***shared in discussion*** of sermon note page with student: _____

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SERMON NOTE DISCUSSION PAGE 7

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Name: _____ Grade: _____

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Sermon Title: _____

Preacher: _____

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SERMON NOTE DISCUSSION PAGE 8

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