

STUDENT MINISTRY D-GROUP SURVEY

Please print and give to a smiling youth worker!

Name: _____

Age: _____ Grade: _____

Gender: _____ Telephone Number: _____

E-Mail: _____

Home school: Yes / No

1) Are you interested in meeting with a small group (D-group/Discipleship group) to grow in your relationship with God?

2) What would be some good times for you to meet with a small group (i.e. after school on Tuesdays, 6:30 am on Monday, Sunday night, etc.)?

1st choice: _____

2nd choice: _____

3rd choice: _____

3) Are you involved in any extracurricular activities? What days do you practice/compete? What time do you finish?