

God's View of You
mid-session questionnaire

Date:

Name:
(optional)

List one or two things you have learned or found most valuable through your study of God's View of You:

What other comments or suggestions do you have?
(teaching time, small group time, prayer time, Personal Discovery and Application, etc.)

What aspects of self-worth do you have the most difficulty with?

What questions about self-worth would you like to have answered or topics you would like to cover?