**Church Assessment for Marriage and Relationships Ministries (Form E1)**

Name of Church:

City where church is located:

County where church is located:

Denominational Affiliation if any:

Average weekly attendance - # of people:

Name of person completing the form:

Role this person has at the church:

Using a scale of High, Medium or Low, please rate each of the 10 potential Marriage/Relationship Ministry Areas listed below on the following 3 dimensions:

1. **Congregational Need.** Based upon the make-up of our congregation:

* High = We have a large number of people in our congregation who would benefit from Marriage/Relationship Ministries in this area
  + Medium = We have a fair number of people who might benefit in this area
  + Low = We have few or no people who would benefit from services in this area

1. Assessment of our **Current Program Offerings** in this area:

* High = We offer plenty of high-quality programs in this ministry area
* Medium = We offer some program offerings in this area but see need for improvement in either quality or quantity of our offerings
* Low = We offer no programs in this area

1. Our level of interest and **Motivation** to add, expand, or improve ministry offerings in this area;

* High = We have a high level of interest, desire, and motivation to add, expand, or improve our ministry offerings in this area – and we would almost certainly take advantage of opportunities in this area.
* Medium = We might have some interest in working in this area
  + Low = This is a low priority for us.

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| --- | --- | --- | --- |
| **Ministry Area** | **Congregational Need** | **Current Program**  **Offerings** | **Motivation** |
| Middle School and/or High School |  |  |  |
| College and/or Young adult singles |  |  |  |
| Engaged couples - marriage preparation |  |  |  |
| Newly married couples |  |  |  |
| Marriage enrichment |  |  |  |
| Parenting |  |  |  |
| Stepfamilies |  |  |  |
| Marriage restoration – troubled couples |  |  |  |
| Divorce recovery |  |  |  |
| Grief recovery for widows/widowers |  |  |  |

Signature of person completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_