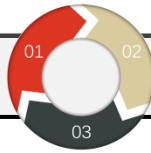


PROJECT PATHWAY



INTERVIEW FORM

A note to the pastor The interview conducted with the parents of your church should be relaxed and conversational, but it is important to have solid answer to each of the below questions. This will enable us and our counselors to do their part more effectively. Please include as much detail as possible. Assure the parents that this form will only be read/examined by the Administrator (or a trusted person designated by the Administrator) and the counselor responsible for the camper.

Camper's Name _____ Camp Week _____

Guardian's Name _____ Pastor's Name _____

Pastor's Email _____ Church Name _____

Church Address _____ Date _____

This evaluation should be an *honest and loving* summary of your observations of this camper.

1. Related to Spiritual Things

	Poor	Average	Good	Great
Response to Sermons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Devotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Church Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Optional Brief Explanation)

3. Related to the Fruits of the Spirit

	Poor	Average	Good	Great
Love	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goodness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentleness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does this camper understand salvation? YES NO

5. To the best of your knowledge, does this camper believe that they are saved? YES NO

6. To the best of your knowledge, do you believe this camper is saved? YES NO

7. Spiritual Decisions Made in the past:

- Salvation
- Baptism
- Full Time Ministry
- Assurance of Salvation
- OTHER: _____

8. What are some of this child's favorite activities/gifts? _____

9. According to the camper, what spiritual area do they need to work on the most? _____

10. What church ministries is this camper involved with? _____



STEP 1 - INTERVIEW



STEP 2 - EVALUATION



STEP 3 - SERVICE