

Confirmation Class Worship Reviews

Name: _____

Date of Worship: _____

Worship Day Name: _____

<u>Readings</u>	<u>Hymns</u>
<input type="checkbox"/> 1 st Reading: _____	<input type="checkbox"/> Entrance Hymn: _____
<input type="checkbox"/> Psalm: _____	<input type="checkbox"/> Hymn of the Day: _____
<input type="checkbox"/> 2 nd Reading: _____	<input type="checkbox"/> Communion Hymn: _____
<input type="checkbox"/> Gospel Reading: _____	<input type="checkbox"/> Communion Hymn: _____
	<input type="checkbox"/> Communion Hymn: _____
	<input type="checkbox"/> Recessional Hymn: _____

1. Check the box above for your favorite reading and favorite hymn (one each).

2. What do you think the sermon was about? _____

3. Why is this important for you? _____

4. What is your favorite part of the service today (this can change every week)? _____

5. Anything else you would like to share with the pastor? _____

