

Sermon Evaluation

(Make additional copies – 3-5 evaluators per sermon presentation)

In answering the questions below, please be as honest as you can, as this will be the best way in which the intern will receive valuable evaluation of his/her preaching.

Intern's name: _____ Date of Sermon: _____

Your Name (evaluator): _____

What was the main idea of the sermon? _____

Rate the sermon on the following items, using the adjacent scale:

5–Excellent; 4–Good; 3–Adequate; 2–Poor; 1–Weak

- | | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> Was there a clear structure to the sermon? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Was there a central theme or idea? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Did the sermon hold your interest? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Was the Scripture faithfully interpreted in the sermon? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Was Scripture effectively applied to contemporary life? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Did the sermon touch you/your life? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Did the intern show enthusiasm? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Did the speaker use variation in tone, pitch, loudness? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Was there sufficient eye contact with the congregation? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Could you hear the speaker clearly? | 5 | 4 | 3 | 2 | 1 |
| <input type="checkbox"/> Did the sermon enable you to hear the Gospel today? | 5 | 4 | 3 | 2 | 1 |

What were the strengths of the sermon and its delivery? _____

What were the weaknesses? _____

(Other comments please use back)