

Knowing and Operating in Your Spiritual Gifts

Name: _____

Date: _____

From your spiritual gift assessment, what are your top three gifts? If you exclude gifts with an asterisks, which gifts come next to get you to 3?

Gift #1: _____

Gift #2: _____

Gift #3: _____

Yes, please help me connect with a ministry to serve in. Interest: _____

Yes, I'd like to serve on the Connection Team

Prayer Baptism LBS Any / All

Yes, please help me find people to serve in my ministry: _____

Apostleship _____

Administration _____

Discernment* _____

Evangelism _____

Exhortation _____

Faith* _____

Giving _____

Hospitality _____

Knowledge* _____

Leadership _____

Mercy _____

Pas. Shepherd _____

Prophecy _____

Service/Helps _____

Teaching _____

Wisdom* _____

1. What part of this first 6 weeks had the most impact or meaning for you?

2. Is there anything you wish we spent more time on, or less time on?

3. Any suggestions for improvement?

4. Planning to attend next 6-week course? 201: "Going Deeper" Y N

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