

Processing Evaluation



FRESH START

Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Did You Process: ☐ *In a Group* ☐ *One-to-One* ☐ *On Your Own*
(CHECK ONE)

Your Leader's Name: _____ Leader Code: _____

Location Code: _____ Date: _____

1. Before you entered this process, what ONE WORD would have described the condition of your heart regarding the offense, hurt or loss? _____

2. After completing your process, what ONE WORD would now describe the condition of your heart? _____

3a. On a scale of 1 to 10, how would you rate the impact of this process on your life?
(TEN BEING THE HIGHEST, AND ONE BEING THE LOWEST)

1 2 3 4 5 6 7 8 9 10

3b. Based on your answer to the previous question, how would you describe the impact this process has had on your life? _____

4. May we use your answer to 3b to encourage others? (This could be through website, social media, printed materials, etc. Your name WILL NOT be used)

☐ Yes ☐ No

5a. Have you changed as a result of your process?)

☐ Yes ☐ No

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5b. If you answered YES to the previous question, please describe the change(s). If you answered NO, can you explain why or why not? _____

6a. Based on your experience, what were the benefits to processing an offense, hurt, or loss?

7a. Would you recommend this process to others? ☐ Yes ☐ No

7b. In response to the previous question, please explain why or why not. _____

8. Where do you see your Fresh Start experience taking you with regard to your offense, hurt, or loss? _____

9a. Are you interested in becoming involved with Fresh Start in some volunteer capacity?

☐ Yes ☐ No

9b. If YES, what do you enjoy doing? Please describe. _____

10a. Would you be willing to write our or record your "Fresh Start Story" for the encouragement of others (your name WILL NOT be used) and for distribution through the internet, social media, printed material, etc.? (CHECK ONE)

☐ Yes - Please contact me ☐ Yes - my story is on page 3 ☐ No - thank you

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[illegible]