

FAITH EXPERIENCE RECORD

Student Name _____ Grade _____

My goal is _____ experiences this year. Date completed _____

Description of event or project _____

What was your favorite part of this experience? _____

What made you uncomfortable/challenged you? _____

How did this event help to deepen your faith? How did you see God at work in this experience?

Signature of adult supervisor (teacher, committee chairperson, event organizer pastor, parent)

*****An alternative to filling out this form is to use it as the basis of an oral report to Adult Forum, a Bible Study group, in Worship, or to your or another's Confirmation or Sunday School class.*****