



Counselee Testimony Form

Counselor: _____ Counselee initials: _____

To help your counselor's supervisor evaluate his/her personal discipling ministry, we would appreciate you sharing any feedback about your experience. If the process has been helpful to you, please use this sheet (and any additional space as needed) to give glory to the Lord and affirm your helper.

Why did you come for this discipleship counseling?

What have you learned about the root cause(s) of your problem(s)?

How has God worked in your life to illuminate you and bring positive change?

Other comments?

Please send to:

Grace Fellowship International

P.O. Box 368

Pigeon Forge, TN

37868

865-429-0450

www.GraceFellowshipInternational.com

Do you give permission for this testimony to be shared through GFI? _____

Initials? _____ No initials? _____

