

Worksheet 6: Gift-Counseling Appointment Report

Name:	Date:
Address:	Telephone:
Gift Counselor:	

Background Information	
Interests and skills:	
Time availability:	
Present ministries:	
Test Results	
<i>Change Compass:</i>	
Manifest Gifts:	
Latent Gifts:	
Recommendations	
Ministry Involvements:	
Ministry Growth:	
Other:	