

## Group Study/Resource Review

### \*Required fields

1. \*Title of Study/Resource:
  
2. \*Author of Study/Resource:
  
3. \*Type of Study/Resource: (select one)  
Biblical Study                      Topical Study                      Resource  
(i.e. section or book of the Bible)      (i.e. Prayer, Advent)                      (i.e. Commentary)
  
4. \*Rate the Study/Resource (select one)  
Great    Good    Average    Fair    Do Not Recommend
  
5. \*Provide brief reason for your rating.
  
6. \*Would you be willing to be contacted by other groups concerning this study?
  
7. \*Your name:
  
8. \*Your Email address:
  
9. Your phone number:  
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10. \*What materials were used? (select all used)  
Book    Leader's Guide    DVD    Participant's Guide    Other (specify)
  
11. Level of Study: (select the level below)  
Beginner    Intermediate    Advanced
  
12. Amount of at-home work required:
  
13. How did you find this study? (select one)  
Resource Center    Internet Search    Recommendation    Other (specify)
  
14. Video length:
  
15. Additional information or comments:

Please return this completed form to the Resource Center mail slot (across from room 159)  
or via email to: [groupresourcecenter@glenmarumc.org](mailto:groupresourcecenter@glenmarumc.org)