

Drill No. _____

Georgia High School Bible Drill Driller Feedback Form

Church Name _____ Date of Drill _____

Bible Drill Leader's Name _____ Association _____ Region _____

Driller No.	Driller's Name	Areas Needing Improvement	Other Comments
		<input type="checkbox"/> Did not keep eyes on caller <input type="checkbox"/> Did not stand up straight <input type="checkbox"/> Failed to hold Bible properly <input type="checkbox"/> Mishandled the Bible <input type="checkbox"/> Moved fingers too quickly (before "Start") <input type="checkbox"/> Stepped out before having finger on passage	
		<input type="checkbox"/> Did not keep eyes on caller <input type="checkbox"/> Did not stand up straight <input type="checkbox"/> Failed to hold Bible properly <input type="checkbox"/> Mishandled the Bible <input type="checkbox"/> Moved fingers too quickly (before "Start") <input type="checkbox"/> Stepped out before having finger on passage	
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