Living Stream Ministry

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Video Training Questionnaire—December 2026 Semiannual Training

Church in _____

The following report must be completed for all localities where a video training was held. If you joined another locality that registered separately for the video training, please complete the accounting questions and attendance for your locality only. If other localities registered through your locality, please include them in your responses. Please return this questionnaire within two weeks of completing your video training.

Accounting:

1. Final number of registered video seats from your locality…… _____
2. Final number of donations collected from registered video attendees…… _____
3. Final video training donation amount collected…….. _____

Statistics:

- Video Training Start Date ..... _____
- Video Training End Date ..... _____
- If these dates differ from the dates submitted upon registration please give the reason:

  _____
- Were trainees tested?..... Yes No
- Were absences limited to two? ..... Yes No
- Were name tags required? ..... Yes No
- Training conducted via ..... Online or In Person
- If conducted in person, were assigned seats required?..... Yes No

(Complete attendance record on reverse side.)

Attendance record for the video training in _____
(locality)

Total number seats:..... _____

Message	Date Shown	Number Absent*
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

* A trainee is absent if he/she does not view a message according to the schedule arranged for your locality. Part-time registrants should only be counted absent if they miss a message they signed up for before the start of the video training.

All registering and non-regional churches please complete and return enclosed Video Training Account Statement with this questionnaire.

Account Statement enclosed (circle): Yes No

Account is regional; the church in _____ will send the Video Training Account Statement to LSM.

Signed _____ Date _____