Saint John the Baptist Roman Catholic Church
Department of Faith Formation
1488 North Country Road
Wading River, NY 11792
www.sjbwr.org • 631-929-4339

Mass Reflection Sheet

NAME:_____ ***GRADE LEVEL: _____***

Faith Formation Class (Day/Time): _____ ***Catechist's Name: _____***

(This entire top section must be completed)

Please write the name of the Catholic Church you attended for Mass

Name of Catholic Church: _____

(if not St. John the Baptist, Wading River):
Catholic Church's (Town / State):_____

Celebrant's Name (Priest's Name):_____

(Saturday or Sunday) / Mass Date / Mass Time:_____

Gospel Reading (Evangelist/Author):_____ ***Citation (Chapter & Verse):_____***
(Normally Listed in Sunday's Bulletin)

Brief Summary of the Gospel (or homily)

_____
_____
_____

What did this Gospel mean for you?

_____
_____
_____
_____

How does the Gospel challenge you and your lifestyle?

_____
_____
_____
_____

Revised: December 2025