[Please read the Evaluating Ministry document before proceeding.]

NAME OF PASTOR:

POSITION:

SUPERVISOR: Reporting relationship/partnership with the governing body. Human Resources Team can conduct this evaluation with input from the Moderator/President of congregation.

INTRODUCTION

This document is a tool to assist in the annual performance evaluation process. The process entails several steps:

1. Pastor completes this document as self-evaluation and submits to Human Resources. Pastor’s self-evaluation considers their prior year’s evaluation as well as their job description.
2. Chair of Human Resources receives the document and responds to it by adding comments and remarks in the “Response from the Evaluating Team” on the last page.
3. A face-to-face meeting is scheduled for feedback and conversation concerning the self-evaluation and the job description of the pastor, which can be adjusted as needed.
4. Human Resources Team finalizes the documents and submits for appropriate filing.

Sometimes, an Evaluation Team can be created to conduct this Evaluation performance Review. If so, it can include the Moderator/President, Vice Moderator/Vice President, a member from Human Resources Committee, and a few other leaders who work closely with the pastor. The team should not exceed 5 persons.

__________________________

Include here the Congregation’s Vision/Mission statement or Priorities for the year:

Name the ways in which you have ministered to fulfill the mission and priorities of the congregation last year:

Name your joys and accomplishments of the past year:

Name your struggles and disappointments of the past year:
How did you accomplish your goals?

What are your work/ministry goals for next year? How do they fit into the context of our congregation’s vision and mission?

What are your plans for professional development over the next year?

How can we do better and work together in accomplishing the vision of the church to which God is calling us?

Any other comments or concerns?

RESPONSE of Evaluating Team

Strengths and Gifts:

Growth Areas:

Date of Discussion: ________________________________

Pastor’s Signature: __________________________________________

Evaluation Team Chair Signature: ________________________________