Calendar Year  Ministry Year

Name: Date:

|  |
| --- |
| **Energizing Areas:** (what’s working) |
| **Challenging Areas:** (what’s not working) |
| **M.A.P. Milestones Status:** |
| **Communication:** (how can we improve) |
| **Personal Growth Plan Status:** |

**Ministry Measures:**  (Bible Fellowships Avg. Attendance)

**PREVIOUS YEAR AVERAGE** \_\_\_\_\_\_\_\_\_\_\_\_\_ **CURRENT YEAR AVERAGE** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Ministry Focus Areas:** (1=LOWEST, 5 HIGHEST)

1. **FOCUS AREA 1 1 2 3 4 5**
2. **FOCUS AREA 2 1 2 3 4 5**
3. **BIBLE FELLOWSHIPS & SUNDAY AM 1 2 3 4 5**
4. **VOLUNTEER FOCUS & LEADER DEVELOPMENT 1 2 3 4 5**
5. **PARTICIPATION, OFFICE HOURS & TIME COMMITMENT 1 2 3 4 5**

**Overall Ministry Rating:** (circle one)

Unsatisfactory Needs Improvement Satisfactory Excellent Outstanding

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| **Minister’s Comments:** |

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Signature of Supervisor Signature of Minister

MAP Attached

Position Guidelines Attached