

**PASTORAL & PROFESSIONAL STAFF
PERFORMANCE REVIEW**

_____ **CHURCH**

Staff Member: _____

Reviewed by: _____

Date: _____

**Due each year in time for the supervisor's review
to be completed by October 31.**

Please circle the number best representing your belief, one being lowest, five being highest.

I. Christian Character:						<u>Supervisor's Evaluation</u>
1. Consistently demonstrates love patience and forgiveness toward others.	1	2	3	4	5	<input type="checkbox"/>
2. Understands the relationship between Christian character and good workmanship.	1	2	3	4	5	<input type="checkbox"/>
3. Christian lifestyle is clearly observable.	1	2	3	4	5	<input type="checkbox"/>
II. Attitude:						
1. General attitude toward your ministry at _____ Church	1	2	3	4	5	<input type="checkbox"/>
2. Toward your workload	1	2	3	4	5	<input type="checkbox"/>
3. Toward working conditions	1	2	3	4	5	<input type="checkbox"/>
4. Toward fellow workers on staff	1	2	3	4	5	<input type="checkbox"/>
5. Handling problems	1	2	3	4	5	<input type="checkbox"/>
6. Use of time	1	2	3	4	5	<input type="checkbox"/>
III. Influence						
1. How do you feel you communicate?	1	2	3	4	5	<input type="checkbox"/>
2. Are you dependable?	1	2	3	4	5	<input type="checkbox"/>
3. Are you flexible?	1	2	3	4	5	<input type="checkbox"/>
4. Are you an initiator?	1	2	3	4	5	<input type="checkbox"/>
5. Are you able to establish priorities?	1	2	3	4	5	<input type="checkbox"/>

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|--|---|---|---|---|---|--------------------------|
| 6. Are you open to constructive criticism? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 7. Are you a motivator? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 8. Do you respect confidentiality? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |

IV. Work Ethics

- | | | | | | | |
|---|---|---|---|---|---|--------------------------|
| 1. Do you understand what is expected of you? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 2. Do you make decisions well? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 3. Do you notify your supervisor of absences or when away from office? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 4. Are you comfortable talking with your supervisor about your needs? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 5. How do you think your accountability group is functioning? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 6. What is the quality of your work? | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |
| 7. Rate your stewardship of the resources God has provided your ministry. | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> |

With respect to the objectives of _____ Church, what goals do you believe God has called you to for the next year?
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1. Goal:

1. Measures to achieve goal:

2. Goal:

2. Measures to achieve goal:

3. Goal:

3. Measures to achieve goal:

Supervisor's Comments:

How do you meet with God each week in a regular time of Bible study and prayer?

Specifically, what is God saying to you about:

Your Walk?

Your family?

Your ministry at HHBC?

Supervisor's Comments:

How do you view your job performance?

How do you view your interaction with the staff?

Supervisor's Comments:

Discuss any rating above that is indicated to be a 1 or 2

Supervisor

Date

Called/Professional Staff Member
(Signature)

If you supervise an administrative assistant, add his/her evaluations to this document. (The evaluation completed by him/her and by you.)