



Mountain Sky Conference **Senior Pastor/Supervisor's Report** (A requirement of the Board of Ordained Ministry)

The person named below is under your supervision in a ministry or employment setting. Please use this form to share your perceptions of this person in ministry. Please email the completed form before January 31 to Carrie West, Registrar for Elders and Deacons, carrie.west1169@gmail.com. If you have questions or need clarification, please feel free to call (719) 740-6427.

Name of Provisional Member:

Ministry/Employment Setting:

Your Name and Position:

Address:

City, State, Zip:

Phone:

Date:

1. Evaluate the individual's functioning in his or her present setting.
2. Comment on the individual's personal and spiritual growth.
3. Evaluate his/her functioning in interpersonal relationships (including peers, laity and persons in authority).

4. Comment on his/her lifestyle and how it will relate to his/her effectiveness in ministry.

5. Identify any particular strengths and weaknesses.

6. How would you describe the individual's promise and/or potential for ministry?

7. Other comments that might be helpful to the Provisional Care Team in working with this person.