

**REVIEW THE STATEMENT AND ASSIGN THE APPROPRIATE RATING FACTOR OF 1 TO 5.
PROVIDE COMMENTS TO SUPPORT EACH RATING.**

- 1. Establishes strategies to achieve the mission and ministry, as defined by the congregation. Works toward making consistent and timely progress in achieving the desired results.** _____

- 2. Provides leadership in developing programs and plans with the appropriate committees and/or boards.** _____

- 3. Evaluates how well the goals and objectives of the congregation are met.** _____

- 4. Maintains and revitalizes a thorough knowledge base through a continuing education plan.** _____

5. **Serves as an effective spokesperson for the congregation; represents the beliefs of the Synod and the congregation.** _____

6. **Establishes sound working relationships and cooperative arrangements with congregational members, Synodical constituents, and the local community.** _____

7. **Works well with the boards and committees of the congregation.** _____

8. **Keeps the congregation informed on important factors influencing the congregation and the Synod.** _____

9. Is attentive and responsive in meeting the spiritual needs of the congregation's membership. _____

9. Understands and is committed to the work of the congregation, is service oriented, and has a sustained intensity to serve the Lord.

10. Demonstrates a commitment to honor and uphold the constitution and bylaws of the congregation.

11. Scans the environment, society and religious/value based organizations, reads signs of the times, develops vision, sets direction.

12. Possesses confidence, optimism and high personal presence, builds consensus, persuades, motivates, leads with head, heart and soul, builds commitment and energy, generates a can-do attitude in others.

13. Keeps boards and committees roles clean and distinct, helps develop roles.

14. Manages his own time effectively to maintain a healthy balance in his personal/family/congregational life.

Additional Comments:

Goals for Upcoming Year:

1. _____
2. _____
3. _____
4. _____
5. _____

Worker's Comments:

Signature of Worker:

Date: _____

Signature of Evaluating Board/Committee Chair:

Date: _____