

Appendix 7B – Evaluation of the Interim Period

INTERIM PASTOR'S EVALUATION FORM

Name of Interim Pastor: _____

Dates Served: From _____ To _____

Congregation: _____

Address: _____ City _____ State ____ Zip _____

Please rank this interim pastor's skills/abilities in the following categories by circling the appropriate number on the scale.

	Low				High
1) Started out well, i.e., gained acceptance & trust readily	1	2	3	4	5
2) Encouraged lay leadership	1	2	3	4	5
3) Worked well with volunteers	1	2	3	4	5
4) Listened effectively, with grace and understanding	1	2	3	4	5
5) Dealt well with grief, anger, healing hurts & division	1	2	3	4	5
6) Showed good administrative skills, including planning, decision making, & leading	1	2	3	4	5
7) Knew the tasks needed during the interim period	1	2	3	4	5
8) Was confident, calm and mature	1	2	3	4	5
9) Was effective in leading and planning worship	1	2	3	4	5
10) Was a competent and relevant preacher	1	2	3	4	5
11) Handled conflict well	1	2	3	4	5
12) Worked well with staff	1	2	3	4	5
13) Used time well, was reliable, available & conscientious	1	2	3	4	5
14) Finished up well, i.e. brought interim period to an end	1	2	3	4	5
15) Demonstrated an appropriate sense of humor	1	2	3	4	5
16) Provided effective pastoral care	1	2	3	4	5

The In-Between Time: Seven Checklists for Congregation in a Season of Transition

Please list two strengths of this pastor:

1)

2)

If you have any concerns in recommending this individual as a transition pastor, please explain below:

In what congregational setting would this interim pastor's skills and experience be most beneficial? Please consider size of congregation, urban or suburban setting, congregations with specific issues or ministry needs, multicultural congregations, etc.

Name of person completing this form: _____

Position/Title: _____

Signature: _____ Date: _____

Address: _____ City _____ State ____ Zip _____

Daytime phone: _____ Evening phone: _____

Please mail to: Bishop's Associate serving your congregation
Minneapolis Area Synod
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