

DATE _____

Evaluation for the UUA Ministerial Fellowship Committee

Name of Minister: _____ Eval.: ___ 1st ___ 2nd ___ Final

Specialty in ministry: _____

Form Completed By:

- ___ Governing Board/Supervisory Committee/Supervisor
___ Committee on Ministry
___ Self Evaluation

Contact: _____ Phone _____ Email _____

Renewal Period: From: _____ (mm/yy) To: _____ (mm/yy)

Mentor Form: (for Minister) *I have sent my mentor my completed renewal forms:*
(check box)

Notes Relating to Completion of Form

Using this Form: The form is available in an electronic, word and PDF version at the Ministerial Fellowship Committee website www.uua.org/leaders/leaderslibrary/ministerialfellowship. Contact the MFC Coordinator, mfccoordinator@uua.org for any questions or to have it sent to you as an email attachment. If you fill out the form in its Microsoft Word version, sections will expand to fit comments.

Please Return all forms to the MFC Coordinator as attachments via email if possible to mfccoordinator@uua.org. If email is not an option, please send ONE copy to: MFC Coordinator, Ministry and Professional Leadership Staff Group, Unitarian Universalist Association, 25 Beacon Street, Boston, MA 02108 or fax to 617-742-2875.

Overall Evaluation of Areas of Ministry: Committees are requested to provide the evaluation as a consensus report of the committee for each area of ministry.

Committee on Ministry: On a separate page, please list the members of the Committee on Ministry, with their representation and the frequency of meetings. For non-parish settings, indicate persons who represent UU connection, and those who are part of the minister's larger ministry.

Comments Section: Please review the suggested list of competencies, arts and gifts required in each area, then comment on the particular strengths and areas for growth of the minister.

Continuing Education/Action Steps: When appropriate, make concrete suggestions to strengthen this area of ministry indicating expected time frame. (i.e., take time management course by spring, 2006.)

Professional Development Plan: Please identify areas of growth that you will concentrate on over the next year or two. This is to be filled out only on the minister's self-evaluation.

Name _____ Date _____

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Observed</i>
1. Counseling & Pastoral Care					
<p>Comments: (<i>Consider: availability, responsiveness, warmth, empathy, knowledge of family systems, skill level in pastoral care, confidentiality, hospital visitation, etc.</i>)</p> <p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Continuing Education/Action Steps:</p>					

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Observed</i>
2. Practical Arts					
<p>Comments: (<i>Consider: administration, organizational development in out of congregation/organization, management of staff, attention to detail, support and leadership development, recognition and appreciation of others, delegation of responsibility and authority, follow through and completion of tasks, time management, attention to finances, fund raising, funding ministry, public relations and publicity skills, ability to work with boards and committees, clarity of roles, attention to long range plans, etc.</i>)</p> <p>Comments on congregational/organizational ownership and involvement in this area.</p>					
<p>Continuing Education/Action Steps:</p>					
<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Applicable</i>

Name _____ Date _____

3. Congregational/ Organizational Ministry					
<p>Comments: (<i>Consider: integration of new member and clients, creates a welcoming environment, encourages a sense of community, encourages growth, supports broad variety of programs, involvement of others in planning and conducting programs, nurtures lay leadership, professional presentation of self, pastors to various age groups, etc.</i>)</p>					
<p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Development Plan/Action Steps:</p>					

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Observed</i>
4. Personal and Professional Growth					
<p>Comments: (<i>Consider: performance under stress, hears criticism and feedback, skillfully gives constructive criticism and feedback, conveys energy and enthusiasm, gives and receives praise, sense of humor, manages conflict, models a healthy balance of work and personal/family life, engages in a rewarding spiritual practice, etc.</i>)</p>					
<p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Development Plan/Action Steps:</p>					

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Applicable</i>
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Name _____ Date _____

5. Teaching					
<p>Comments: (<i>Consider: program development and coordination, seminar design and facilitations, teacher training, supports teachers in planning and conducting classes, provides program resources and support for parents, clients, teachers, and colleagues, intergenerational activities, programs for children, youth and adults, volunteer recruitment, articulation of liberal religious education approach and philosophy, knowledge of resources and curriculum, etc.</i>)</p>					
<p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Development Plan/Action Steps:</p>					

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Observed</i>
6. Worship					
<p>Comments: (<i>Consider: preparedness, coherence, intellectual challenge, spirituality, creativity, inspirational message, effective use of humor, effective use of ritual and liturgical arts, music, prayer and meditation, readings/stories, rites of passage, pulpit presence, voice, etc.</i>)</p>					
<p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Development Plan/Action Steps:</p>					

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Applicable</i>
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Name _____ Date _____

7. Denominational Activities					
<p>Comments: (<i>Consider: involvement in UU denominational and District events, UUMA Chapter meetings, and interfaith activities, encouragement of member involvement at the district and continental levels, informing congregation/organization of UUA denominational concerns and issues, etc.</i>)</p>					
<p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Development Plan/Action Steps:</p>					

<i>Area of Ministry</i>	<i>A Strength</i>	<i>Satisfactory</i>	<i>An Area for Growth</i>	<i>Un-Satisfactory</i>	<i>Not Applicable</i>
8. Prophetic Outreach					
<p>Comments: (<i>Consider: involvement in witnessing and advocating for community/social justice issues, encourages congregational/organizational involvement in community/social justice issues, leads the congregation/organization in addressing issues specifically related to anti-racism, etc.</i>)</p>					
<p>Comments on congregational/organizational ownership and involvement in this area:</p>					
<p>Development Plan/Action Steps:</p>					

PROFESSIONAL DEVELOPMENT PLAN

The Ministerial Fellowship Committee views the Renewal Process as a time of development and growth for new ministers. Using the renewal feedback forms completed by you and your committee,

Name _____ Date _____

please indicate areas of growth that you will concentrate on over the next year. Below, briefly outline these areas and the steps you will take for growth and improvement. We ask that you do not overlook the UUA's commitment to anti-racism, anti-oppression, and multi-culturalism. Please be specific and include time lines, measurement and/or evaluation processes that will provide you with feedback on your progress.

Name _____ Date _____