



# Northwestern Ohio Synod

Evangelical Lutheran Church in America

## Synod Authorized Minister Self - Evaluation

### Completed by Synod Authorized Minister

Name of SAM: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Ministry Context: \_\_\_\_\_

President of Congregation: \_\_\_\_\_

Dates being evaluated from: \_\_\_\_\_ to: \_\_\_\_\_

How many times during the year did you meet with your supervisor for formal supervisory meetings? \_\_\_\_\_

How many times during the week did you and your supervisor meet/talk to informally discuss items related to ministry? \_\_\_\_\_

Reflect on how you are providing ministry in the context you are serving. Do you offer in supervisory meetings challenges and struggles you are facing? \_\_\_ Yes \_\_\_ No If so, how are you resolving those issues together?

As you understand from members of your context; reflect on how you proclaim the Gospel of Jesus Christ. Has your preaching been reviewed or witnessed during the evaluation period?

In supervisory sessions, do you communicate any issues with visitation or pastoral care? Reflect on your understanding of how you accomplish these ministry tasks. Do you need help with any situations?

How do you interact with members of the community they are serving? Do you feel you offer a non-anxious presence during times of disagreement or conflict?

What are the educational programs of your ministry in context? Do you play a role in planning the curriculum? Reflect on your teaching method and is it effective for your context?

Are there any other areas of concern that you would like to bring to the Bishop's attention?

Are there any topics you would like to suggest to be covered during the monthly SAM Zoom check-ins?

Do you feel called to continue serving the Northwestern Ohio Synod for another calendar year?

Do you feel called to explore becoming a rostered minister in the ELCA?

Signature of SAM \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_