**REPORT OF PASTORAL CONSULTATION AND EVALUATION OF CAMPUS MINISTER’S WORK**

Due Date: Jun 10th

Send this report to the Associate Director of Learning Ministries. P.O. Box 5606, Glen Allen, VA 23058. (Email Addresses nickiemorenohoward@vaucm.org & beckytate@vaumc.org)

**For Academic Year Ending**:

**Campus Ministry Unit:**

**Campus Minister being evaluated**:

1. Have you conducted a Pastoral Consultation with the Campus Minister at a time independent of this Annual Evaluation? Yes: \_\_ No: \_\_
2. Identify any personnel issues arising from that dialogue which should be brought to the attention of the Board of Higher Education and Campus Ministry?
3. Describe in detail the process you have used to conduct the Annual Evaluation of the Campus Minister’s work. Identify constituencies involved and the questions addressed.
4. What is your evaluation of the job performance of the Campus Minister based on your findings? Be specific.
5. Indicate the overall performance rating given the Campus Minister:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 |  | 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  | 7 |  | 8 |  | 9 |  | 10 |  | |
| (Unsatisfactory) (Satisfactory) (Exceptional) | | | | | | | | | | | | | | | | | | | | | | |

Provide any other specific information that will help others understand your overall perception of the Campus Minister

1. Campus Minister’s Response to this evaluation:

This report has been approved by the Board of Directors and is submitted to the Board of Higher Education and Campus Ministry for its consideration.

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Campus Minister (Date) Chair, Board of Directors (Date)

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Personnel Committee Chair (Date) District Superintendent (Date)

*(I have received & reviewed – DS Only)*

Name of Person Submitting This Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4/18/2021