

## CHURCH STAFF (SELF) EVALUATION FORM

**Name:**

Personal -

- Where in Scripture are you studying \_\_\_\_\_
- How much time in prayer are you spending daily? \_\_\_\_\_
- What Book are you currently reading and how is it impacting your life

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Ministry -

- What do you enjoy most about your ministry?
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- What do you find in your work that is frustrating?
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- What vision has God given you for your personal ministry?
  - What 3- 4 goals are you currently working on for the next 2-6 months?
    - 1.
    - 2.
    - 3.
    - 4.
    - 5.
    - 6.

Relationships -

- How are you spending time with other people outside the church
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- How are you developing other leaders in your ministry
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- As senior pastor, you can help my ministry by
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- Next Month I'm going to spend time with my family by doing or going?
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