Northshore Baptist Church Employee Evaluation

Personnel Review and Appraisal - Pastors & Directors

Staff Member's Name: ____ Date: ____

PURPOSE: To encourage and affirm each ministry employee, and establish more effective communication between staff and leadership, plus establish clear realistic goals and objectives for the up-coming year.

A FOUR-PART PROCESS:

Part I. Review **Ministry Position Description (MPD).** [Note: Be sure to bring a copy of your MPD to the interview. It is available on the network under COMMONS>JOB DESCRIPTIONS].

Part II. Review **Ministry Action Plans (MAP)** for the 2009-10 ministry year, examining what was accomplished during the past ministry year (past goals and objectives); and what you plan to accomplish in the current ministry year (**2010-2011 MAP** - current and future goals and objectives). [Note: MAPs are available on the Staff Intranet under HOME PAGE>MINISTRY PLANS.)

Part III. Self-Performance Appraisal

Part IV. Feedback by the supervisor

Parts I-III will be completed by the staff member, using this electronic form. A copy of each completed form by the staff member will be presented to the appropriate staff supervisor before or at the time of meeting for personal feedback and dialogue. This is a living document, to be discussed during the mid-year (January) and ministry year-end (May/June) review meetings. Part IV will be completed by the supervisor after the evaluation meeting and presented to the staff member within two weeks; the supervisor will submit electronically co-signed original document(s) to HR (Executive Pastor of Operations).

Part I. REVIEW JOB/MINISTRY POSITION DESCRIPTION (MPD)

1. Include your job description as the next page in this evaluation.

2. Employee & Supervisor: Read through the job description together and write any comments or suggested changes. Rate performance on a scale of 1-5 (5=highest) using the scale at the end of this form.

3. What general comments do you have about your Job Description?

GENERAL COMMENTS FROM MY JOB DESCRIPTION

1. Are there things on my job description I am no longer doing (and that's ok)?

2. Are there things on my job description I AM doing that I should no longer be doing (and perhaps someone else should)?

3. Are there things on my job description that I am NOT doing but that I should be doing?

4. Am I doing things that are NOT on my job description but that should be included in it because I am doing them now and am expected to continue doing them?

5. Are there things NOT on my job description that I am NOT doing but should be?

ADDITIONAL COMMENTS ABOUT MY JOB DESCRIPTION:

Part II. REVIEW YOUR GOALS AND OBJECTIVES (MAP) *from the 2009-10 Ministry Year (2009-10 MAP). You may also want to refer to the 2010-11 MAP as well, since it covers the Fall Quarter of 2010.*

For the period: September 1, 2009 through August 31, 2010

Using the **Ministry Action Plans** for 2009-10, review how well you did in fulfilling the 2009-10 Ministry Plan (Past Goals), and are now doing or anticipate yet doing to fulfill the 2010-11 MAP (Future Goals). [**NOTE**: Change the last column in your MAP from "Notes" to "Results" and record results there during the interview.]

Consider highlighting them in:

RED: Dropped from doing in current ministry year or don't anticipate doing by end of ministry year in August
YELLOW: Underway but not yet completed (Future Goals)
GREEN: Accomplished in this ministry year (Past Goals)

Part III. SELF PERFORMANCE APPRAISAL
(Keep written answers brief, but clear enough for discussion with supervisor.)

MINISTRY ROLE or JOB CHANGE(S)

1. Did you find yourself involved in: (Check those that apply.)
   ☐Major change ☐Minor change ☐No change ☐Need for change

2. What change(s) this year have been difficult?

3. What change(s) would you like to see accomplished in your job?

4. Additional comments on changes experienced or needed in your role:

COMMUNICATION

1. Do you feel your ministry role has been well communicated to the:

   Staff? ☐Yes ☐No

   Board? ☐Yes ☐No

   NSB at large? ☐Yes ☐No

2. In general where or how would you like to see communication improve or increase?

3. In our department/team, where or how would you like to see communication improve or increase?

STAFF RELATIONSHIPS

1. Have you experienced significant frustration with other staff or NSB leaders?
   ☐Some ☐One or Two ☐None.

2. What attempts have you made to improve these relationships?

3. Any thoughts or ideas on how we can improve staff relationships?

GENERAL COMMENTS

(Check the top 3 to 5 that most relate to you in your role with Northshore Baptist Church)

☐Encouraged ☐Energized ☐Focused ☐Affirmed

☐Innovative	☐Discouraged	☐Overworked	☐Fulfilled
☐Confused	☐Confident	☐Useful	☐Alone
☐Challenged	☐Frustrated	☐Undervalued	☐Grateful
☐Stressed	☐Optimistic	☐Initiator	☐Concerned
☐Integrated	☐Struggling	☐Overwhelmed	☐Organized
☐Tired	☐Growing	☐Appreciated	☐Unchallenged
☐Goal oriented	☐Task Oriented	☐Equipped	☐Team Player
☐Creative	☐Flexible	☐Empowered	☐Current

Comment(s) on any of the above:

SPIRITUAL GIFTS, MEYERS-BRIGGS, DISC AND STRENGTHSFINDER

[NOTE: If you are not familiar with certain of these assessments, you may talk to your MMT lead or the Executive Pastor of Operations for resources to take the assessments or obtain interpretive materials.]

1. My spiritual gift(s) are:
2. I believe that my gifts are: ☐Maximized ☐Moderated ☐Minimized ☐Unused
3. My DISC Profile (if known or applicable) reveals I am:
4. I believe my DISC traits are: ☐Maximized ☐Moderated ☐Minimized ☐Unused
5. My top strengths (StrengthsFinder) are:
   (1)
   (2)
   (3)
   (4)
   (5)
6. I believe my strengths are: ☐Maximized ☐Moderated ☐Minimized ☐Unused
7. Any thoughts or ideas to better utilize your strengths? (Refer to the SF Action Items sheet)

8. My Myers-Brigg profile is: ___ ___ ___ ___
   Comments:

9. I believe my Meyers-Briggs traits are: ☐Maximized ☐Moderated ☐Minimized ☐Unused

ENERGIZERS and STRESSORS

1. In what area(s) of your job are you most productive, energized or fulfilled?

2. How/where do you spend most of your time?

3. Are there areas of work or ministry that you spend too much time?

4. In what area(s) of your job do you experience the greatest stress?

5. What area(s) of your work do you find difficult to resolve?

PERSONAL DEVELOPMENT

1. In what area(s) of your job would you like additional development or skill training?

2. Do you have any personal, family or spiritual goals?

3. When do you plan to take a Day of Prayer and Vision this next year?

ACCOUNTABILITY

1. How would you evaluate the job support that you receive?
   ☐Supportive and active ☐Supportive and Inactive ☐Non-supportive and Active ☐Passive

2. How would you like to see this change?

3. How can I (as your supervisor) be more supportive?

4. Does someone hold you spiritually accountable? ☐Yes ☐No

Part IV. SUPERVISORY FEEDBACK and RESPONSE
(To be completed by a staff person's supervisor after the review meeting and presented to the staff person within two weeks of the review meeting.)

Staff Person's name: _____

Supervisor's name: _____

Date of Review Meeting: _____

Date of Completion of this form: _____

GENERAL COMMENTS

COMMENTS on GOALS and OBJECTIVES (MAP)

Past Ministry Year (2009-10 MAP):

Current Ministry Year (2010-11 MAP):

SUPERVISOR'S SUGGESTIONS

SUPERVISOR'S COMMITMENT

OVERALL OBJECTIVE RATING

☐5	OUTSTANDING	Performance of superior level which greatly exceeds the expectations for this position and the experience level of the individual.
☐4+		
☐4	EXCELLENT	Performance which consistently exceeds the expectation for this position and requires little to no supervision.
☐3+		
☐3	COMMENDABLE	Performance which is consistent with the expectations of this position and is satisfactory in competently sustaining all levels of ministry.
☐2+		
☐2	FAIR	Performance meets some but not all expectations for this position, with decline in some respect or has not improved as expected.
☐1+		
☐1	POOR	Performance which does not meet expectations for this position and immediate improvement is recommended. (Note suggestions above)

ADDITIONAL NOTES

SIGNATURES

Staff Member: _____ **Date:** _____

Supervisor: _____ **Date:** _____