



West Ohio Conference

Local Church Pastor Self-Assessment Form

Name _____ Ordination Status _____

Church(es)/Charge _____

District _____ Date _____

Clergy Cluster _____

Instructions

1. P/SPRC Committee completes Pastoral P/SPRC Assessment Form and Pastor completes Pastoral Self Assessment Form.
2. P/SPRC Committee selects 2-3 of its members to meet with the Pastor and discuss the forms, which are exchanged ahead of time so both Pastor and P/SPRC have time to process. Associate Pastors may meet either with P/SPRC or the Senior/Lead Pastor, based on their church's structure.
3. Pastor and the 2-3 selected P/SPRC members complete the SMART Goal Formation Plan Guide. This can be done in a separate meeting or via email if desired.
4. At the next P/SPRC meeting, the selected 2-3 members of the P/SPRC report back to the whole team about the meeting with the Pastor (the Pastor is typically present for this meeting).
5. Both forms are submitted to the District Office.
6. P/SPRC checks in quarterly with the Pastor to discuss progress on SMART Goals.

Personal

Please select best answer: 1 = Area for Growth, 3 = Work in Progress, 5 = Area of Strength

1. I have daily/weekly practices in place that renew my soul, deepen my connection with Christ and help me to grow as a disciple.

1 2 3 4 5

These specific practices are:

2. In an effort to create space for balance and rest in my life, I prioritize time with family /friends.

1 2 3 4 5

Examples from my life:



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3. In an effort to create space for balance and rest in my life, I prioritize vacation and do not bring work with me while away.

1 2 3 4 5

Recent Vacations:

4. In an effort to create space for balance and rest in my life, I take a weekly Sabbath in addition to my normal day off.

1 2 3 4 5

Examples of what my Sabbath looks like:

5. In an effort to create space for balance and rest in my life, I have a designated day off which is clearly communicated to the congregation. I do not work except in emergency situations.

1 2 3 4 5

Examples of what my day off looks like:

6. In an effort to create space for balance and rest in my life, I have practices that help me intentionally care for the physical and mental health of my body.

1 2 3 4 5

Examples of some of these practices:

7. I have people in my life that help hold me accountable to remaining spiritually, emotionally, financially, and physically healthy.

1 2 3 4 5

Some of those people are:

8. I am managing my finances in such a way that it does not cause undue stress for me or my family.

1 2 3 4 5

If stresses are present financially, please address:



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9. In terms of clergy wellness, what is your biggest growth area and how could the church(es)/district/conference help you find resources to support you?

10. What are your top areas of strength?

11. What are your greatest areas of struggle?

Leadership

Please select best answer: 1 = Area for Growth, 3 = Work in Progress, 5 = Area of Strength

1. I am effectively leading my church(es) in outreach.

1 2 3 4 5

Examples of some of our outreaches (to make new disciples of Jesus):

2. I am effectively leading my church(es) in mission.

1 2 3 4 5

Examples of some of our missions (acts of kindness and justice that transform the world):

3. What challenges are you facing in your congregation? Have there been areas of conflict?
How you have intentionally led through conflict(s):

4. What are your top 3 priorities this coming year for the church(es) you lead?
What will you do as a leader to accomplish these priorities?



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Congregational Life

1. How are you leading your church(es) in disciple-making and community transformation? How are you personally making disciples?

2. The church(es) that I serve have a healthy level of vitality.

1

2

3

4

5

What key signs of vitality do you currently see in your church(es)?

3. The church(es) that I serve will contribute 100% of their District and Conference connectional giving this year.

Yes

No

If not, please describe the plan to become a 100% apportionment giving church(es).

Appointment

1. How has God's call on your life changed or matured with the experience of ministry?

2. Does this have any implications for your current appointment?



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Signatures

Date of this Evaluation _____

Pastor Signature _____

Chairperson S/PPRC Signature _____

Members of S/PPRC Signatures _____

Please make copies of the finalized Evaluation & Continuing Education Report.

Distribute them to:

1. PPRC files
2. Pastor
3. District Superintendent

The pastor will email a copy to stthomas@wocumc.org or send a copy to: Board of Ministry, 32 Wesley Blvd., Worthington, OH 43085.