MENTOR'S EVALUATION FORM

For Commissioned Lay Ministers

Instructions: Complete the following form and return directly to: CCIW, 401 W. Jefferson St., Bloomington, IL 61701 no later than thirty (30) days prior to the candidate's appointment with the Ministry Committee.

Mentor's Name:	Date:
Lay Minister's Name:	
Dates of Meetings of Minister and Mento Jan Apr Feb May Mar June	or: (Quarterly Meetings are required) July Oct Aug Nov Sept Dec
Books Read:	
Continuing Education Units Earned Regional Assembly (3 units)	Pastoral Care Training (1 unit per 6 hours training)
General Assembly (3 units)	College of Ministers 24-hour education event (1 unit
CCIW Ministers Institute (3 units)	College or Seminary Course (1 unit per hour of work)
Region-sponsored Leader Training Event ((1 unit) Other (to be negotiated
Areas of Observed Growth:	
Suggested Areas for Growth:	
Comments on Minister's initiating and ca	arrying out responsibilities:
Other helpful information and personal o	observations:

Please indicate which books were read by you and the commissioned lay minister and answer the question for each book:

1. Book Title:
In what way(s) has this reading impacted the commissioned lay minister's ministry and / or faith development. Please be specific.
2. Book Title:
In what way(s) has this reading impacted the commissioned lay minister's ministry and / or faith development. Please be specific.
3. Book Title:
In what way(s) has this reading impacted the commissioned lay minister's ministry and / or faith development. Please be specific.
4. Book Title:
In what way(s) has this reading impacted the commissioned lay minister's ministry and / or faith development. Please be specific.

Page :
5. Book Title:
In what way(s) has this reading impacted the commissioned lay minister's ministry and / or faith development. Please be specific.
6. Book Title:
In what way(s) has this reading impacted the commissioned lay minister's ministry and / or faith development. Please be specific.