

SENIOR PASTOR'S MID-YEAR REPORT

SHENANDOAH DISTRICT OF THE WESLEYAN CHURCH

DUE NOVEMBER 15

PASTORS NAME: _____ CHURCH: _____

	Last Year May, 2016-April, 2017	This Year (YTD) May, 2017 – October, 2017	2017-2018 Goals
Primary Worship Attendance			
Conversions			
Baptisms			
Membership	Total Members: (As of May 1, 2017)	Members Rec. YTD: (As of November 1, 2017)	
Total Contributions Income			
USF Assessment	<u>Paid in Full</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Up to Date</u> <input type="checkbox"/> Yes <input type="checkbox"/> No #	

If "NO" above, what is your plan to bring the assessment current? _____

PERSONAL EVALUATION:

	POOR	FAIR	GOOD	GREAT
Personal Devotional Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Physical & Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal/Professional Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Financial Stewardship to local church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Fulfillment in Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Relationship with Spouse (if Married)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Are you engaging in any activities that are detrimental to your relationship to the Lord and would bring harm to your church, your family, or God's Kingdom if it were known?

NO YES I NEED TO TALK WITH YOU

2. Does the church you serve observe Pastor Appreciation in a way that affirms you?

NO YES

3. Would you say your local church is becoming more missional in nature or is she self-serving?

MISSIONAL SELF-SERVING If "MISSIONAL", what does that mean or look like in your context? _____

4. Have you ever had an official LBA-approved sabbatical?

NO YES If "YES", when? _____

5. Are you practicing a regular Sabbath?

NO YES

REPORTING OPTIONS:

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