

Confidential Ministry Leader Evaluation - sixth - twelfth

TO BE COMPLETED BY THE APPLICANT

Family Name: _____ Student Applying: _____

Applying for Grade: _____ Date: _____ Pastor's Name: _____

TO THE MINISTRY LEADER: The above named student has applied to Fellowship Christian School. We would greatly appreciate your answering this evaluation. Your comments will be held in strictest confidence. Within 7 days, please return to FCS in the envelope provided. Help us protect the confidentiality of this document by signing across the seal of the envelope.

Personal Characteristics	Excellent	Above Average	Average	Below Average	Not Applicable
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Conduct and Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Family Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see back.



CONFIDENTIAL MINISTRY LEADER EVALUATION - SIXTH - TWELFTH

What is the applicant's relationship to the church?

- Church Member, Actively Involved, Church Member, Occasionally Involved, Regular Attender, Actively Involved
 Regular Attender, Occasionally Involved, Rarely Attends or Involved

1. In which area(s) is this student likely to be successful?

2. In which area(s) do you feel this student needs improvement?

3. Are there personal or family problems this student has or is experiencing?

4. Describe ways the applicant contributes to your church, ministry, or organization.

I have known the applicant for _____ years.

Ministry Leader's Name (please print): _____

Church or Ministry Name: _____ Position: _____

Signature: _____ Date: _____

