

# ANNUAL COACHING REVIEW

Calendar Year \_\_\_\_\_

Ministry Year \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Energizing Areas:</b> (what's working)
<b>Challenging Areas:</b> (what's not working)
<b>M.A.P. Milestones Status:</b>
<b>Communication:</b> (how can we improve)
<b>Personal Growth Plan Status:</b>

**Ministry Measures:** \_\_\_\_\_ (Bible Fellowships Avg. Attendance)

**PREVIOUS YEAR AVERAGE** \_\_\_\_\_ **CURRENT YEAR AVERAGE** \_\_\_\_\_

**Ministry Focus Areas:** (1=LOWEST, 5 HIGHEST)

1. FOCUS AREA 1 _____	1	2	3	4	5
2. FOCUS AREA 2 _____	1	2	3	4	5
3. BIBLE FELLOWSHIPS & SUNDAY AM	1	2	3	4	5
4. VOLUNTEER FOCUS & LEADER DEVELOPMENT	1	2	3	4	5
5. PARTICIPATION, OFFICE HOURS & TIME COMMITMENT	1	2	3	4	5

**Overall Ministry Rating:** (circle one)

Unsatisfactory   Needs Improvement   Satisfactory   Excellent   Outstanding

<b>Minister's Comments:</b>
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\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Minister

MAP Attached

Position Guidelines Attached