

## Staff Review

Name:

Position:

Review Date:

Please complete Part 1- General Evaluation, Part 2- Job Specific Evaluation and Part 3- Wellbeing Check Up before coming to your 6 monthly / annual review meeting. Part 4- Review Discussion / Action Plan will be completed together. Thank you for taking the time to consider these questions.

### **General Evaluation-**

Please score your general performance in the following areas 1-5.  
(1-Needs Improvement- 5-Excellent)

- Communication Skills
- Attendance and Punctuality
- Accuracy and Quality of Work
- Time Management / Dependability
- Ongoing Desire to Serve the Leadership Team

### **General Evaluation-**

Please consider the following question,

1. What do you like about working for church?

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2. What are some of the challenges that you face working for the church?

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3. Are there any specific areas from the above evaluation that you would like to change or improve in?

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4. Are there any ways in which I can assist you to change from the areas you have identified?

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**Job Specific Evaluation – Part 2**

Please score your performance in the following main areas of your work on a scale of 1-5. (1-Needs Improvement- 5-Excellent)

- List Key of Responsibility
- List Key of Responsibility
- List Key of Responsibility
- List Key of Responsibility
- List Key of Responsibility
- List Key of Responsibility
- List Key of Responsibility

**Job Specific Evaluation**

1. What elements of your job interest you the most, and least?

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2. What elements of your job do you find most difficult?
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3. What specific action could you take to improve your performance in your main areas of work?
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4. What specific ways could I better support and help you in your work?
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5. Have you identified any areas of training you would like to explore, that you feel would benefit you in your role?
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### **Wellbeing Check Up- Part 3**

1. How's your wellbeing? How are you doing spiritually?
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2. What ways do you feel like you are growing in your faith?
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3. Do you have any concerns or burdens that you are currently carrying?

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4. Is there any way in which we can pray for you or support you?

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**Review Discussion / Action Plan- Part 4**

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Employee Signature

Date:

Employer Signature

Date: