

SUPERVISOR: First Year Leadership Subsidy Final Evaluation

To be completed by pastor/supervisor at the completion. Please complete evaluation and e-mail to go@hpbaptist.net.

Church name _____

Name of appointee _____

Ministry role of appointee _____

Pastor/supervisor's name _____

Position _____

What successes have you experienced in providing this ministry role for your church?

What areas of improvement in the church have you observed using this ministry role?

How have you seen the appointee grow?

List a few accomplishments from the full term from this ministry role:

Pastor/supervisor's print name

Date



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