

MINISTERS UNDER SUPERVISION

MUS

Name: _____

(Report Form)

This form to be completed every 6 months in conjunction with the forms that your supervisor (SMR & MDS forms) should be filling in on you and discussing with you. We would ask that you fill in this form privately and return it to our District Office shortly after so that we may complete the communication cycle.

1. What time period did this report cover since you last reported? _____
2. How often did you meet with your Supervising Minister since your last report?

3. Describe briefly in a couple of sentences your relationship with your Supervising Minister.
4. On a scale of 1-10 (1-low; 10-high) how would you rate the value of your meetings with your supervisor? _____
5. In what areas and how could the value of this supervision be improved?
6. Would you like to share some observations about your Supervising Minister?
7. Are there any items or concerns you wish to share with someone from Credentials?
8. List any additional questions you wish we would have asked you on this form.
9. List any comments about this process of “supervising ministers”. How can we, the Credentials, assist you?

PLEASE SIGN: _____ DATE: _____

Please Return to:
CREDENTIALS DIVISION
Unit #102, 4909B – 48 Street, Camrose, AB T4V 1L7