

END-OF-SEMESTER LAY SUPPORT TEAM PAPERS

END OF THE YEAR EVALUATION OF LAY SUPPORT TEAM'S MINISTRY

This form is to be completed annually. Responses to the following questions helps the CXM Director offer the best support to future Lay Support Teams.

To be completed by the **Lay Support Team Convener** and returned via email to:

The Department of Contextual Ministry
Virginia Theological Seminary - 3737 Seminary Rd. - Alexandria, VA 22304- Phone: (703) 461-1744
Fax: (703) 461-1743

Please see the CXM Calendar or contact the CXM Dept. for exact due dates

SITE: _____

<input type="checkbox"/> PARISH	<input type="checkbox"/> ORGANIZATION
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CITY: _____ **STATE:** _____

SEMINARIAN: _____ **SITE SUPERVISOR(S):** _____

CONVENER: _____ **DATE:** _____

OF TEAM MEMBERS: _____ **AVG. ATTENDANCE:** _____

OF MEETINGS WITH THE SEMINARIAN THIS ACADEMIC YEAR: _____

AGENDA PLANNING

A. Was the agenda planned prior to the meeting?

ALWAYS **USUALLY** **SOMETIMES** **SELDOM** **NEVER**

B. By whom and how was the agenda developed?

C. How effective, do you think, was this method of agenda development?

VERY **SATISFACTORY** **UNSATISFACTORY**

Why?

MEETINGS

A. Location:

B. Format:

C. Content:

- Derived primarily from the Guidelines
- Derived primarily from other sources: _____

D. Useful Processes

- *Please describe something that "really worked" or was particularly helpful:*

THE LAY SUPPORT TEAM GUIDELINES

A. Did you find the Guidelines:

VERY HELPFUL

HELPFUL

NOT MUCH HELP

UNHELPFUL

B. Suggestions for improving the Guidelines

- *Please be very explicit, concrete, and descriptive - use another sheet, if necessary*

SUPPORT AND TRAINING

- *Please comment on what was helpful during the past year, and what could be provided in the future that would be helpful-use another sheet, if necessary*

SATISFACTION

Overall, how did your team feel about its work?

VERY SATISFIED

SATISFIED

SOMEWHAT SATISFIED

DISSATISFIED

OTHER COMMENTS

- *Please add any additional comments below.*

7. I... **WILL** **WILL NOT** **AM NOT SURE IF I WILL** ... continue as a Convener for a Seminarian's Lay Support Team next year, if needed.

Other Convener, if known:

NAME: _____

ADDRESS: _____

PHONE: _____

LAY SUPPORT TEAM CONVENER SIGNATURE

DATE

I understand that by typing my name and date on the signature and date lines, I am signing this document electronically, and I agree that my electronic signature has the same legal effect and can be enforced in the same way as a written signature.