

National Association of Congregational Christian Churches—Division for Ministry
INTENTIONAL TRANSITIONAL MINISTRY
EXPERIENCE REVIEW

[To be completed by the Church's Interim Committee or Church Leadership]

CHURCH NAME: _____ CITY: _____ STATE: _____

NAME OF COMMITTEE COMPLETING FORM: _____

CONTACT PERSON: _____ PHONE #: _____

EMAIL ADDRESS: _____

NAME OF TRANSITIONAL MINISTER: _____

GIVE DATES OF HIS/HER SERVICE TO YOU CHURCH: from _____ to _____

NOTE: In an effort to sustain and improve the quality of Intentional Transitional Ministry (ITM) with the National Association of Congregational Churches (NACCC), the Division for Ministry would appreciate your help with this review. Realizing there are a variety of ways that influence the success of an ITM experience, this review is scaled on a continuum (1 is the lowest negative response and 5 is the highest positive response. Please put a check mark (✓) next to the number which best represents your committee's opinion.

PLEASE NOTE: Lengthy responses may be written on the back of this form, just refer to the question number. Also any additional comments may be written on the back of this form.

1. Overall experience with ITM ministry? __ 1 __ 2 __ 3 __ 4 __ 5
2. Ability to help your congregation create an interim ministry plan? __ 1 __ 2 __ 3 __ 4 __ 5
3. Ability to implement ITM plan? __ 1 __ 2 __ 3 __ 4 __ 5
4. Quality of pastoral care during the transitional period? __ 1 __ 2 __ 3 __ 4 __ 5
5. Quality of administration during the transitional period? __ 1 __ 2 __ 3 __ 4 __ 5
6. Ability to identify and resolve transitional challenges/conflicts within the congregation? __ 1 __ 2 __ 3 __ 4 __ 5
7. Ability of ITM to keep the congregation informed of progress of the transitional plan? __ 1 __ 2 __ 3 __ 4 __ 5
8. Would the church recommend this transitional minister to another congregation? __ 1 __ 2 __ 3 __ 4 __ 5
9. Did the ITM help the congregation clarify its purpose, mission, and vision as they prepared their search for a settled minister? __ Yes __ No
(If yes, please explain)
10. Did the Transitional Minister at any time advocate for their candidacy for the settled minister's position? (Please explain) __ Yes __ No
11. Additional Comments about your Transitional Minister:
12. Would you be willing to answer additional questions about this transitional minister if needed? __ Yes __ No

When completed, please send this form to the NACCC, PO Box 288, Oak Creek, WI 53154