

ROMAN CATHOLIC DIOCESE OF LAS CRUCES
Pastor/Director Bi-annual Deacon Performance Evaluation Form

Date: _____

Deacon: _____

Pastor/Director: _____

The attached Diaconal Decree of Appointment assigning this deacon to ministry under your direction has been in effect for two years. In keeping with the existing diocesan policy regarding deacon assignments, this appointment must be reviewed by you for the Bishop to make a knowledgeable decision regarding continuation of this appointment. Please answer the following questions and return this form to the Deacon Personnel Director within 45 days so that this appointment is not terminated and the deacon's faculties may remain in effect.

I. Have the ministries on the appointment been performed in a timely and effective manner?

___ Yes ___ No

If no, please explain: _____

II. What have been the positive aspects of this deacon's performance? _____

III. What aspects could be improved? _____

IV. What changes should be made in the duties defined in the appointment? _____

V. On an overall basis, how would you rate this deacon's overall performance during the past two years?

Outstanding _____ Marginally Satisfactory _____
Highly Satisfactory _____ Unsatisfactory _____
Satisfactory _____

VI. Would you like the Bishop to renew this appointment for another two years?
___ Yes ___ No ___ Need to discuss

VII. Have you discussed this performance evaluation with the deacon?
___ Yes ___ No

VIII. Please indicate here any additional comments you would like to be considered in the review of this appointment: _____

Date

Pastor/Director Signature