

**Charleston Atlantic Presbytery
Commissioned Pastor
Mentor Annual Evaluation Form**

Mentor's Name: _____

Phone: _____ **Email:** _____

Commissioned Pastor's Name: _____

Phone: _____ **Email:** _____

1. How long have you been mentor to the above named CP? _____

2. How often since his/her commissioning have you been in contact? _____

3. What are the major strengths of your CP?

4. What are the major areas of growth for your CP?

5. Have you discussed worship leadership and sermons with your CP? Yes No
Have you provided constructive criticism? Yes No

6. Do you believe that your CP is successful at leading worship and preaching?
Yes No _____

7. Do you think your CP is growing spiritually in this experience? Yes No

8. What suggestions would you make in regard to your CP?

9. What suggestions do you have for the Mentor/CP relationship structure?

10. Do you have any thoughts to share about the entire CP program?

11. Any other suggestions?

Discuss this form with your commissioned pastor once it is complete, and then return the form to the chair of the Commission on Ministry at the presbytery.

Thank you again!

Your signature: _____ **Date:** _____

(Approved October 2026)