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| **District Superintendent Consultation Request – 2015 Church Conferences** | | | |
| **Church Information** | | | |
| **Name of Church** |  | | |
| **Name of Person Submitting Request** |  | | |
| **Title (e.g. pastor, SPRC Chair, Team Vital Chair )** |  | | |
| **Leader’s Contact information** | | | |
| **e-mail address** |  | | |
| **Daytime Phone Number** | (     )     -      Ext. | | |
| Team that is requesting meeting  (Check only one) | P/SPRC | |  |
| Team Vital | |  |
| Strategic Planning | |  |
| Church Council | |  |
| Building Team | |  |
| Other Ministry Team: Please List | | |
| **Opportunities, Issues, or Concerns** | | | |
| What opportunities, issues, or concerns would you like to discuss with the District Superintendent? | | | |
| Please provide a brief description of the steps you have already taken to address the listed concerns and what has been the result. | | | |
| How long have you been working on the above concerns, or is this a new conversation? | | | |
| What do you hope will be accomplished in this time of consultation? | | | |
| **For Pastor/Staff Parish Relations Committee Requests Only** | | | |
| Have you done an evaluation/performance review for your pastor? | |  | |
| Are the above concerns included in your Church Profile/Advisory Form? | |  | |
| Have these concerns been discussed with the pastor? | |  | |
| Do you feel these concerns can/will have appointment implications in the coming year | |  | |
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| *Please submit request by e-mail to your District Superintendent by September 15th.*  *You will be contacted by the district office to set up a consultation date and time.*  *Thank you for helping us serve you more effectively.* | | | |