

LUTHERAN EDUCATOR INFORMATION FORM

(After typing information in one blank advance to next blank with the TAB key. Do not use the ENTER key.)

Educator _____ Date _____
School _____ Location _____

1. What are your Personal Preferences for ministry?
Specify the type of ministry (teaching and non-teaching) in which you feel God is leading you to serve, in which you are gifted and equipped, and in which you have a strong desire to serve. List special contributions you can make and your special interests in ministry.

2. Personal Information

- a. Describe your family (spouse and children) and any special family needs
- b. Describe your health:
- c. Describe your present and preferred housing arrangements:
- d. (Optional) Desired salary range: \$,000 to \$,000 (excluding benefits)

3. What is your Philosophy of Educational Ministry?

4. Describe your Present Ministry

5. References: (Persons who know you and can evaluate your professional ability.)

NAME	POSITION	OFFICE ADDRESS	TELEPHONE
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____

6. Evaluation

EVALUATOR: Indicate your assessment of this educator's performance in each area by inserting the word most appropriate, using the following one word classification ratings: (click the space behind "rating")

- EXCEPTIONAL - Distinguished performance, unique contribution, superior skills
- COMMENDABLE - Better than Proficient and occasional Exceptional performance
- PROFICIENT - Fully satisfactory and consistent performance
- DEVELOPING - Developing performance, needs strong support and leadership
- MARGINAL - Marginal performance. Career analysis would be helpful.
- UNACCEPTABLE - Unacceptable performance in present position

In the space provided, substantiate your rating by typing comments on several or all of the suggested Sub-Points. Your ratings and comments are provided in good faith for the educator's welfare and the church at large. Discuss your evaluation with the educator. After entering all the information requested, sign the form, return the two pages to the educator as soon as possible. Thank you.

NOTE: The evaluative comments written on this page may be shared with legitimate LCMS calling bodies. Those having access to this information need to keep in mind that the content, while not confidential, is personal and must be used judiciously. Receiving the name of an educator via this form does not mean this educator is applying nor being recommended for a specific position. The decision of whether an educator is truly capable and possesses the proper credentials for a specific educational ministry rests with the group responsible for extending a call or contract.

Personal Qualities Comments	One Word Rating:	Christian lifestyle/health/vitality/appearance/spirituality sense of humor/dependability dedication/empathy												
Ministry Qualities Comments	One Word Rating:	judgment/new ideas/self-starter/team person growth potential/ethics/philosophy of education												
Christian Educator Comments	One Word Rating:	teaching skills/evaluation-diagnosis/curriculum theory discipline/rapport/evidences Law-Gospel distinction												
Leadership Abilities Comments	One Word Rating:	democratic/plans/delegates/motivates/trains/enthusiastic												
General Comments	Comment on information shared by the educator on the preceding page													
<hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">EVALUATOR SIGNATURE</td> <td style="width: 15%; text-align: center;">District</td> <td style="width: 15%; text-align: center;">Position</td> <td style="width: 37%; text-align: center;">Date</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">() -</td> </tr> <tr> <td colspan="3">ADDRESS (Street, City, State, and Zip)</td> <td style="text-align: center;">Telephone</td> </tr> </table>			EVALUATOR SIGNATURE	District	Position	Date				() -	ADDRESS (Street, City, State, and Zip)			Telephone
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			() -											
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7. **DISTRICT EXECUTIVE** Please add additional comments, sign and return this form to the educator. Special concerns? Yes No If yes, please telephone my office.

EXECUTIVE SIGNATURE	District	Position	Date
			() -
ADDRESS (Street, City, State, and Zip)			Telephone

8. Educator: Your signature below verifies that you have read this completed form and approve release of this information to legitimate LCMS calling bodies.

EDUCATOR'S SIGNATURE _____ Date _____