

## 7.2 ANNUAL DEACON EVALUATION FORM

OFFICE OF THE DIACONATE

ROMAN CATHOLIC DIOCESE OF TUCSON

# Annual Evaluation

**Due by:**

**PLEASE PRINT OR TYPE.** *After this form is completed, make copies as necessary and mail the original to the office.*  
**DIRECTIONS:** *Sections I-IV are to be completed by the deacon. The pastor/supervisor completes Section V. Section VI is completed by the deacon and pastor together over the course of a discussion regarding the ministry of the past year. Those who have been on leave or a sabbatical, please confer with the Director.*

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### I: ASSIGNMENT, OCCUPATION, MINISTRY, CHANGE OF ADDRESS

Deacon's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Main Ministry: \_\_\_\_\_ Secondary Ministry: \_\_\_\_\_  
Parish/Agency: \_\_\_\_\_ Pastor/Supervisor: \_\_\_\_\_ Yrs at Parish/Agency? \_\_\_\_\_

1. Are you employed in a civilian occupation?  NO  YES Retired from occupation?  NO  YES  
If still employed: Indicate:  Part-time  Full-time Occupation Title: \_\_\_\_\_
2. Are you employed by the Church (i.e. Diocesan, parish, agency level)?  NO  YES  
If yes: Name of parish/agency: \_\_\_\_\_  Part-time  Full-time
3. Have you been compensated (excluding stipends & mileage reimbursement) by a parish/agency as reported on forms W-2 or 1099?  NO  YES: explain: \_\_\_\_\_
4. **Have you had a change of address, telephone, e-mail, cellular, or parish in last 6 months?**  
 NO  YES  
If yes, please list the current information: \_\_\_\_\_

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### II. ANNUAL REVIEW BY THE DEACON

1. Describe your parish ministry, as well as any ministry outside your parish:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. From your perspective, how many hours do you devote each week to parish ministry? \_\_\_\_\_
  3. From your perspective, how many hours do you devote each week to extra-parochial (other) ministry? \_\_\_\_\_
  4. How would you rate your satisfaction with your assignment or leave over the past year?  
 Excellent  Very Good  Good  Satisfactory  Unsatisfactory
  5. What areas of your assignment/leave have been **most satisfactory** over the past year?  
\_\_\_\_\_  
\_\_\_\_\_
  6. Have there been any recent major events in your family, health, ministry, or professional life?  NO  YES  
**Please list:**  
\_\_\_\_\_  
\_\_\_\_\_
- Do you want to discuss any of these matters with the Director for the Diaconate?  NO  YES

7. Do you want to make any changes in your assignment or to request a specific placement if you are approaching the end of your leave?  NO  YES

**Please list:**

8. Is there anything else you would like to add?  NO  YES

### III. CONTINUING EDUCATION REPORT

1. I met the continuing education requirements established by the Diocese of Tucson this year.

YES  NO

Excerpt from Policy 4.1.6.f – Post Ordination Supervised Ministry and Formation

- a. All permanent deacons given faculties and active with the Diocese of Tucson are required to successfully complete and document a minimum of thirty-six (36) hours (Continuing Education Units or CEUs) each calendar year. Retired permanent deacons are encouraged to fulfill this requirement to the best of their ability.
- b. Eighteen (18) of the requisite 30 CEU credits are awarded through documented attendance at the following mandatory events / trainings:
  - Annual Deacon Retreat– 7 CEU
  - Annual Convocation of Deacons – 7 CEU
  - Call to Protect update – 2 CEU
  - Annual Deanery Deacon Meeting – 2 CEU

2. Please list the workshops, courses, etc. that are part of this year’s report.

Description	Instructor and Location	[1] Human Dimensions [2] Spiritual Dimensions [3] Intellectual Dimensions [4] Pastoral Dimensions	Date	CEU’s <i>(Award based on actual hours of class time)</i>

<sup>1</sup> The National Directory for the Formation, Ministry and Life of the Permanent Deacons in the United States – Chapter Three

- **Human Dimension:** Enables the Deacon to establish interrelationships with other people that enhance the closeness of the people of God to bring about solution to personal and social problems in the light of the Gospel.
- **Spiritual Dimension:** Participate in educational opportunities to establish and nourish attitudes, habits and practices that will set the foundation of your ministry for a lifetime of ongoing spiritual discipline.
- **Intellectual Dimension:** Designed to enhance the ability of the Deacon to communicate the knowledge of the faith and church tradition to the people of God.
- **Pastoral Dimension:** An integral dimension that relates to the human, spiritual and intellectual practices that focuses ministry within the elements of charity of Christ through education.

- If the requirements have been completed, please complete questions 3 and 4.
- If the requirements have not been completed, please complete questions 5 and 6.

3. Could you have completed additional hours?

YES  NO

4. What additional hours would have been useful?

5. What kept you from completing the requirements?

6. What would assist you in meeting the requirements?

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#### IV. MYSTOLOGICAL REFLECTION

Please offer a short reflection on how you benefited in your personal or ministerial life through these ongoing education and formation experiences.

*(Text may be submitted on a separate sheet.)*

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#### V. ANNUAL EVALUATION/REVIEW BY PASTOR/SUPERVISOR *(Omit this section if you have been on leave/sabbatical)*

1. Please describe the deacon's Parish and Extra-Parochial Ministry from your viewpoint:

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2. What is your perception of this Deacon's Ministry weekly presence in your parish?

- 1-3 hrs       4-6 hrs       7-9 hrs       10-12 hrs       13+ hours

3. How do you rate this Deacon's Ministry **overall** this past year?

- Excellent       Very Good       Good       Satisfactory       Unsatisfactory

4. How do you rate this Deacon's **preaching skills**?       Does not apply

- Excellent       Very Good       Good       Satisfactory       Unsatisfactory

5. How do you rate this Deacon's **liturgical skills**?       Does not apply

- Excellent       Very Good       Good       Satisfactory       Unsatisfactory

6. How do you rate this Deacon's **inter-personal skills**?

- Excellent       Very Good       Good       Satisfactory       Unsatisfactory

7. How do you rate this Deacon's **skills and commitment to the sick, poor, imprisoned, etc.**?

- Excellent       Very Good       Good       Unsatisfactory       Does Not Apply

8. In what areas does he show **special strengths**?

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9. Are there problems, issues, or any areas in which you may have concerns that you need to discuss with the deacon? (e.g. ministry, marriage, family, collaboration, spiritual, financial, personal health)  NO  YES:  
If yes, **please explain.**

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10. Are there any issues you want to discuss with the Director for the Diaconate?  NO  YES

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## **VI. PASTOR/SUPERVISOR AND DEACON CONFERENCE**

*This section is completed at the time of the Pastor-Deacon conference. **Both must sign below.** The signatures attest that both have met and conferred to review the past year of diaconal ministry and that each party has had an opportunity to respond to the other's comments. **If you have been on leave or a sabbatical, please make an appointment with the Director for this conference.***

Pastor/Supervisor comments:

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Signature of Pastor/Supervisor:

Date:

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Deacon Comments:

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Signature of Deacon:

Date:

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Director for the Diaconate Comments:

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Signature of the Director for the Diaconate:

Date:

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