



Interim Pastor's Exit Report

Name of Interim Pastor: _____

Name of congregation served: _____

Dates of Service: _____ Today's date: _____

1. Summary of situation when you arrived:

2. Summary of present status of congregation:

3. Summary of interim experience:

4. What difficulties were dealt with during the transition period?

5. How might synod staff have provided additional support during the transition period?

Please use the back of this form for any additional comments that you would like to share.

Signed _____

_____ Date available for next interim

Please return to: Bishop Steven Delzer, Southeastern Minnesota Synod, 1001 14th St NW Suite 300, Rochester MN 55901-2551 or fax to 507-280-8824.