



## 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:

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2. Summary of present status of congregation:

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3. Summary of interim experience:

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

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

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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 Harold Usgaard, Southeastern Minnesota Synod, 1001 14<sup>th</sup> St NW Suite 300, Rochester MN 55901-2551 or fax to 507-280-8824.