

| Name of Interim Pa | astor: | | |
|-----------------------------|--------|---------------|--|
| Congregation Name and City: | | | |
| 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 you would like to share.

Signed:

Date available for next interim: