ADULT LEVEL

MINISTRY FORMATION – EVALUATION FORM
Office of Religious Education
Archdiocese of Los Angeles

(To be completed by the designated person evaluating the catechist-learner in a class setting)

DIRECTIONS: This form is to be given to the person evaluating the candidate for certification. We encourage both the evaluator and the candidate to study this form in order to make the process as valuable as possible. Immediately following the session the evaluator shares observations, perceptions and comments relating to the evaluation of the candidate. Both the candidate and the evaluator sign this form. It is the candidate’s responsibility to return it promptly to the Master Catechist Team with whom he/she is working toward certification.

___________________________________   ____________________________________
NAME OF CANDIDATE BEING OBSERVED

___________________________________   ____________________________________
LOCATION OF FORMATION CENTER (PARISH/CITY)

___________________________________   ____________________________________
NAME OF EVALUATOR

__________________________________
PARISH WHERE OBSERVATION TOOK PLACE

ADULT MINISTRY PROGRAM OBSERVED

__________________________________
THEME/GOAL OF SESSION

Role of Candidate Observed:

☐ Presenter & Facilitator

☐ Facilitator of a group study/sharing in support of a prepared study program or presentation given by someone else.

Please rate the candidate’s skills in facilitating and/or presenting. (1 = lowest, 5 = highest.)

Quality of listening skills: 1 2 3 4 5

Evidence/Example(s):

Quality of questioning skills: 1 2 3 4 5

Evidence/Example(s):

Atmosphere conducive to adult study/discussion: 1 2 3 4 5

Evidence/Example(s):

Atmosphere conducive to faith sharing: 1 2 3 4 5

Evidence/Example(s):
Ability to handle difficulties within the group: 1 2 3 4 5
Evidence/Example(s): _________________________________________________________________
_________________________________________________________________________________

Ability to focus the group and/or summarize content of sharing: 1 2 3 4 5
Evidence/Example(s): _________________________________________________________________
_________________________________________________________________________________

Organization and flow of session: 1 2 3 4 5
Evidence/Example(s): _________________________________________________________________
_________________________________________________________________________________

Knowledge of content/preparation of session material: 1 2 3 4 5
Evidence/Example(s): _________________________________________________________________
_________________________________________________________________________________

Skill at leading prayer: 1 2 3 4 5
Evidence/Example(s): _________________________________________________________________
_________________________________________________________________________________

Summary of overall strengths and weaknesses of candidate:________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

General Evaluation & Recommendation:
At this time would you recommend this candidate for certification as a catechist?
☐ Yes. ☐ Yes, with reservations. (please elaborate below) ☐ No. (please explain below)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
7. Candidate Response:
The candidate is welcome to make any comments/observations on the experience of their evaluation.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Together we have shared and discussed the contents of this evaluation.

SIGNATURE OF THE CANDIDATE

SIGNATURE OF THE OBSERVER/EVALUATOR                                           DATE

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It is the responsibility of the Candidate for Certification to return this completed form to the Master Catechist with whom he/she is working toward certification.

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