

Deacon: Please complete the following self evaluation. This information will be used by the Director of the Diaconate and the Bishop in evaluating changes in diaconal ministry in addition to consultation with pastor(s). Send the completed self evaluation to the Director of the Diaconate not less than three weeks before the next evaluation date.

Please check the proper response and add comments as needed for each question.

1) I have difficulty hearing other people at times.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

2) I have trouble reading texts at times.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

3) I have difficulty walking at times.

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

4) I have difficulty navigating steps:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

5) I need to steady myself when on my feet:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

6) I find it more difficult to be heard and understood when proclaiming the Word or reading from texts:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

7) I have difficulty driving at times:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rarely	Somewhat			Often

Comments: _____

8) Do you have a driver's license: Yes No

Restrictions: _____

Other Concerns: _____

Degree of comfort performing the following liturgical actions:

9) Proclaiming the Word during Mass:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

10) Assisting the Presider at Mass:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

11) Distributing Eucharist at Mass:

Host:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

12) Distributing Eucharist at Mass:

Cup:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

13) Celebrating the Rite of Baptism:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

14) Assist or lead Vigil services, Funerals and Burials:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

15) Celebrate Rite of Matrimony:

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

16) Assist or lead Exposition, Adoration and Benediction liturgies

Rarely comfortable Somewhat comfortable Often comfortable
Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

Degree of comfort performing the following ministry of charity duties:

17) Visiting sick, home bound and hospitalized parishioners:

- Rarely comfortable Somewhat comfortable Often comfortable
 Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

18) Ministry of charity activities outside the parish:

- Rarely comfortable Somewhat comfortable Often comfortable
 Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

Please identify specific activities: _____

Degree of comfort performing the following ministry of Word duties:

19) Sacramental preparation: (baptism, first communion, confirmation, marriage)

- Rarely comfortable Somewhat comfortable Often comfortable
 Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

Please identify specific activities: _____

20) Preparing and preaching homilies:

- Rarely comfortable Somewhat comfortable Often comfortable
 Frequency: weekly biweekly monthly quarterly other _____

Comments: _____

This completed evaluation should be reviewed with your pastor to discuss any problem areas which have been identified. Consulting with your pastor can help you make any necessary changes in your ministry activities which are in your best interest and meet the needs of your parish. List problem areas identified in pastor/deacon meeting. Use additional sheets as needed:

Retired Deacon Ministry Self Evaluation

Deacon: _____ **Date:** _____

Additional Notes: