9D: Peer Review Form

Instructions:
Please complete one for each member of the class. The results will be kept anonymous and shared with the candidate only as a composite of all responses.

Name of Candidate being reviewed: ________________________________________________

Name of Peer Reviewer: ________________________________________________________

1. Based on my knowledge of the candidate and his wife (if applicable) my evaluation regarding the above-named Candidate is:

☐ He would make an excellent deacon
☐ He would make a good deacon
☐ He would NOT make a good deacon

2. Briefly, what are strengths/gifts that this person would bring to the diaconate?

3. What suggestions would you have for his continued growth / improvement?

________________________________________  ________________________________
Signature                              Date