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COMPETENCIES ASSESSMENT PANEL REPORT FOR WORD AND SERVICE CANDIDATES

The CAP will evaluate past education, training and life experience to asses what may still be needed to strengthen a candidate's ministry skills.

Name: _____
LAST NAME FIRST NAME/GIVEN NAME MIDDLE

Leader Key: _____

Address: _____
MAILING ADDRESS CITY STATE POSTAL CODE

Phone: _____ Email: _____

Synod: _____

Date of Panel: _____ Place: _____
MM/DD/YYYY

Area of Specialization: _____

PARTICIPANTS	REPRESENTING
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PARTICIPANTS	REPRESENTING
PARTICIPANTS	REPRESENTING

General Statement of Candidate's Strengths and Needs:

Candidates for the ministry of Word and Service will be prepared to do the following (section 2.3.3 of candidacy manual):

- Articulate with a Lutheran ecumenical voice the Word of God in and for a hurting world, using the fruits of biblical, historical, and theological study
- Carry out a particular service on behalf of the church with credibility in the world
- Equip the baptized for faithful ministry in the world and in the church
- Articulate and act out a vision of diakonia that addresses human need (formation)

With these goals in mind, evaluate the following competencies as they apply to the candidate's context. State how each competency has been met and/or the plan to develop the competency.

Bible – Basic skills for understanding and interpreting Scripture for preaching and teaching in their context.

Lutheran Confessions – Basic knowledge of the theology and foundational teaching of the Lutheran church

Worship – Ability to serve as spiritual leader in their context, leading worship where appropriate.

Teaching – Skill and ability to teach others the faith.

Evangelical Mission and Stewardship – Skill and knowledge for developing mission in their context.

ELCA Structure and Polity – An understanding of the inter-relationship among all the expressions of the church as well as denomination expectations.

Administration - appropriate administration skills for their context.

1. Plan for practical preparation (CPE, internship, boundary training), including supervision.

2. Anticipated time for next meeting with panel.

If Approval is recommended the CAP will complete the faculty recommendation on Form D.

Submitted by: _____

FIRST AND LAST NAME

