

C. PEER REVIEW FINAL REPORT FORM



Dates of Review:			
Reviewee: Agency/Church/School Name(s) of Representative(s)		Reviewee Contact Info: Mailing Address Email Phone Website	
Facilitator: Name Organization Email Phone		Review Site: Name of Location Address	
Reviewer #1: Name Organization Mailing Address Email Phone		Reviewer #3: Name Organization Mailing Address Email Phone	
Reviewer #2: Name Organization Mailing Address Email Phone		Reviewer #4: Name Organization Mailing Address Email Phone	

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OBSERVATIONS RE: Short-term mission historical timeline:	
OBSERVATIONS RE: Organizational Structure:	
OBSERVATIONS RE: Resources:	
Summary of Ratings	Strengths/Challenges of Each Standard

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<p>1. God-Centeredness <input type="checkbox"/> exceeds expectations <input type="checkbox"/> meets general expectations <input type="checkbox"/> needs improvement <input type="checkbox"/> fails to meet expectations</p>	
<p>2. Empowering Partnerships <input type="checkbox"/> exceeds expectations <input type="checkbox"/> meets general expectations <input type="checkbox"/> needs improvement <input type="checkbox"/> fails to meet expectations</p>	
<p>3. Mutual Design <input type="checkbox"/> exceeds expectations <input type="checkbox"/> meets general expectations <input type="checkbox"/> needs improvement <input type="checkbox"/> fails to meet expectations</p>	
<p>4. Comprehensive Administration <input type="checkbox"/> exceeds expectations <input type="checkbox"/> meets general expectations <input type="checkbox"/> needs improvement <input type="checkbox"/> fails to meet expectations</p>	
<p>5. Qualified Leadership <input type="checkbox"/> exceeds expectations <input type="checkbox"/> meets general expectations <input type="checkbox"/> needs improvement <input type="checkbox"/> fails to meet expectations</p>	
<p>Summary of Ratings</p>	<p>Strengths/Challenges of Each Standard</p>

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<p>6. Appropriate Training ___ exceeds expectations ___ meets general expectations ___ needs improvement ___ fails to meet expectations</p>	
<p>7. Thorough Follow-up ___ exceeds expectations ___ meets general expectations ___ needs improvement ___ fails to meet expectations</p>	
<p>Overall Rating Summary ___ exceeds expectations ___ meets general expectations ___ needs improvement ___ fails to meet expectations</p>	
<p>Themes:</p>	
<p>Recommendations:</p>	
<p>Covenant Membership Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>	

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Please sign and date this Acknowledgement Form and mail or fax (*page 5 only*) to:

Standards of Excellence
P.O. Box 123
Brownwood, TX 76804

FAX #: 501-648-0655

Acknowledgement Form

We, the undersigned, acknowledge receipt of the Peer Review Final Report Form. We agree to proceed and be held accountable for the report and findings of the peer review.

[All current key STM personnel are required to sign this Acknowledgment Form.]*

Signature: _____ Date: _____

Printed Name: _____ Job Title: _____

Signature: _____ Date: _____

Printed Name: _____ Job Title: _____

Signature: _____ Date: _____

Printed Name: _____ Job Title: _____

*(*Your "Key STM Personnel" are the individuals whose names you indicated on your most recent filing with the SOE.)*