**MDR 6 Clergy Evaluation following MDR form**

As this is a revised MDR process, we would be pleased to receive any feedback you would like to share with us. Please complete this form and return it to MDRadmin@truro.anglican.org

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| --- | --- |
| Your name: |  |
| Your MDR Facilitator’s name: |  |
| Your Benefice/Chaplaincy: |  |
| Date of Review: |  |

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| How well did the questions on the Review Preparation Form help you prepare for your MDR? |  |
| What was the most helpful part of the Review conversation, and why? |  |
| Was anything less helpful, and why? |  |
| What could the MDR Facilitator do to improve their reviews in future? |  |
| What will you do differently next time to make your Review even more effective for you? |  |
| Overall, on a scale from 1 to 10 (with 1 being poor and 10 being excellent), how do you feel that the Review went? |  |