

2017 SESSION RECORD REVIEW Cover Sheet

Please **staple** to [Session Records Report Form](#) and bring to Session Record Review meeting

NAME OF CHURCH: _____ CITY _____

NAME OF PRESENT CLERK: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF CLERK (for year of review, if different): _____

NAME OF MODERATOR OF YOUR SESSION FOR THE YEAR OF REVIEW: _____

IS MODERATOR YOUR PASTOR? _____ YES _____ NO

WERE THERE CHANGES IN MODERATOR OR PASTOR DURING THE YEAR? _____

DO YOU HAVE TRUSTEES? _____

DO YOU HAVE DEACONS? _____ YES _____ NO

HOW OFTEN DOES YOUR SESSION HOLD REGULAR MEETINGS? _____

WHAT IS YOUR CURRENT MEMBERSHIP OF CONGREGATION? _____

HOW MANY ACTIVE ELDERS CURRENTLY SERVE ON THE SESSION? _____

WHAT ARE EXCITING MINISTRIES OF YOUR CONGREGATION THAT TOOK PLACE IN THE LAST YEAR?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

HOW MIGHT THE PRESBYTERY PROVIDE HELP TO YOUR CONGREGATION IN THESE MINISTRIES?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____