

**SUPERVISING PASTOR FOR SMP  
ANNUAL REPORT FORM**



**Supervising Pastor Name:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

**Church City:** \_\_\_\_\_

**Supervising Pastor Phone Number:** \_\_\_\_\_

**Supervising Pastor Email:** \_\_\_\_\_

**SMP Name:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

**Church City:** \_\_\_\_\_

**Specific Ministry Context:**

**Strengths Observed:**

**Concerns Observed:**

**Other Observations:**

**Yes No** I am willing to continue as the supervising pastor for the applicant as an SMP pastor.

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**Supervising Pastor Signature**

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**Date**

**Supervising Pastor: Please complete and submit this form to Martha Wohlfeil via the button above**

**Or mail to:  
Office of the President  
Michigan District - LCMS  
3773 Geddes Rd.  
Ann Arbor, MI 48105**