

**Periodic Support Consultation
Report Form**

Name of authorized person _____ Date _____

Person's place of ministry _____

Ministry Team for Authorized Ministry representatives _____

Names and addresses of local church and/or ministry setting representatives (if any):

Please record comments and impressions below, or attach a separate report:

Instructions: Copies of this form will be taken to the consultation by one of the MTAM representatives. One will be given to the authorized minister and one kept by the MTAM representatives. The names of all the participants should be recorded on both copies. Each participant is requested to briefly report on the content and spirit of the consultation, and then return the completed form to:

Prairie Association UCC
617 N First St
DeKalb, IL 60115-3199