



CTK Leader Review Spousal Feedback Form

Name of CTK Pastor:	Date of feedback:
Name of spouse providing feedback:	

From your perspective how is your spouse doing balancing the demands of the ministry with his Personal and family needs?
Do you have any concerns about the effects the ministry is having on your spouse?
How could CTK better support the needs of your husband and/or family?

Please send completed form to CTK Network Resources at HR@ctknr.com PO Box 765, Burlington WA 98233.

This information will be forwarded to your spouse's supervisor.

Thank you!