

Field Supervisor's Final Evaluation of the Student Intern CHR 494/594 Supervised Ministry Internship

Instructions: Please complete this form and return it to Dr. James Motes through email, fax, or regular mail.

Dr. James Motes Anderson University Box #1081 316 Boulevard Anderson, SC 29621	Email: If you are sending the <u>Progress Report</u> through email, send it as an attachment to jmotes@andersonuniversity.edu . This form must come through <i>your email account</i> , however, <i>not the student's account</i> . Fax: (864) 622-6546
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Name of Student: _____ **Placement:** _____

Time spent per week in observation and participation in agreed upon activities: _____

Has the student been attending all scheduled meetings with you? _____

If not, did he/she have sufficient reasons for his/her absence? _____

Please evaluate the student by placing an "X" in the appropriate box below:

Evaluation Area	Excellent (A)	Good (B)	Satisfactory (C)	Poor (D)	Unacceptable (F)
Completion of Goals in Learning Covenant					
Dependability					
Appropriate Clothing/Appearance					
Promptness					
Preparation for Assignments					
Diligence in Carrying Out Assignments					
Ability to Follow Directions					
Friendliness					
Ability to Work with People					
Eagerness to Learn					
Responsiveness to Mentor's Suggestions					
Openness					
Honesty/Integrity					
Communication Skills					
Leadership Ability					
Personal Maturity					
Decision Making Ability					

In the space below, please answer the questions and write out any other related comments:

What specific tasks did the student accomplish or participate in during this period?
What are the student's strongest attributes for effective ministry?
What are the students greatest challenges for effective ministry?
Does the student demonstrate a clear understanding of call to ministry at the end of the Internship as compared to his/her understanding at the beginning of the Internship? <u>Yes</u> <u>No</u>
OTHER COMMENTS:

Supervisor: _____ **Signed (if not emailing):** _____

Date: _____