

Please read these instructions before your proceed!

Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <http://get.adobe.com/reader>.

USE **ONLY** ADOBE READER

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <http://get.adobe.com/reader>.

USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at <http://get.adobe.com/reader>.

DO **NOT** COMPLETE THIS FORM FROM WITHIN A BROWSER

Do **not** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may be prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.



ASSOCIATE IN MINISTRY SUPERVISED FIELD EXPERIENCE/ FIELD EXPERIENCE LEARNING AGREEMENT

PERSONAL INFORMATION

Name: _____
LAST NAME FIRST NAME/GIVEN NAME TITLE

Address: _____
CITY STATE POSTAL CODE

Phone: _____ Email: _____

Synod: _____ Ministry Area: _____

FIELD EXPERIENCE

Experience Dates: _____
FROM: MM/DD/YYYY TO: MM/DD/YYYY

Experience Setting: _____

Address: _____
CITY STATE POSTAL CODE

On-Site Supervisor: _____ Specialty Area Mentor: _____

Advisory Committee Chair: _____

Advisory Committee Members: _____

Instructions:

1. The candidate, in consultation with the seminary, college or Candidacy Committee, develops a priority list of learning needs which takes in to account the goals and objectives of supervised field experience for Associates in Ministry.
2. The supervisory team develops a priority list of congregation / agency / institutional opportunities and needs.
3. The candidate and supervisory team together negotiate a learning contract agreement, taking into consideration the needs of both the candidate and the congregation / agency / institution. Goal statements are then formulated based upon these mutually agreed needs.

Each GOAL should be followed by specific OBJECTIVES and ACTIVITIES which articulate how the goal is to be achieved and include a timeline for meeting the objectives.

4. The candidate and supervisory team establish a schedule of meetings for planning, reflection and evaluation.

Candidate's Priorities for Learning:

Priorities and Needs of the Congregation / Agency / Institution:

Learning Goals:

The following is an example only.

Learning Goal: To improve my teaching skills.

Activities / Resources:

1. Learn to prepare a lesson plan.
2. Observe an experienced teacher's class.
3. Co-teach one class with an experienced teacher.
4. Try various teaching styles: e.g. - lecture, small group discussion, use of media.

SUPERVISED FIELD EXPERIENCE

Meeting Record - Field Supervisor, Mentor and Advisory Committee:
(Record all supervision sessions and meeting throughout field experience.)

Date	Persons Involved	Purpose of Meeting
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		
<div>To: MM/DD/YYYY</div>		

