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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.

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INTERN'S NINE MONTH EVALUATION

Seminary: _____ Congregation/Institution: _____

Name of Intern: _____ Name of Supervisor: _____

Address: _____
CITY STATE POSTAL CODE

Dates of Internship – From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

Describe growth and challenges for yourself in the following areas:

Practical Ministry

Vocational Identity

Spiritual Formation


Health and Wellness


Theological Understanding

Integrity and Leadership

At this point in the internship, what do you see as areas of growth/classes you will need to take when you return to the seminary?

At this point in the internship, what else do you want the seminary to know about the internship?

Intern's Signature: _____  Date: _____
To unlock form, right-click on signature and select Clear Signature. MM/DD/YYYY

Supervisor's Signature: _____  Date: _____
To unlock form, right-click on signature and select Clear Signature. MM/DD/YYYY

I have read the intern's nine month report.

SEND A SIGNED COPY OF THIS FORM TO YOUR SEMINARY'S INTERNSHIP OFFICE AND GIVE A COPY TO YOUR CANDIDACY COMMITTEE