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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 THREE 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

SUPERVISION

How many times did you and the supervisor meet for an hour or more to discuss your ministry concerns and your theological questions?	
How many times did you and the supervisor meet in addition to the times listed above to consider ways to minister together more effectively and to plan schedules?	
How many times did you meet with the lay committee?	

At this point in your internship, what are your reflections with respect to the following areas:

Preaching

Worship

Teaching

Pastoral Care

Interaction with Staff


Interaction with Congregational Groups


Interaction with Individual Members

Are there any noticeable patterns of behavior at this internship site?

Among the items discussed in your supervisory sessions, which topics have you found to be the most challenging or disturbing and what do you believe to be the reason(s) for this?

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

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 three month report.

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