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FILLING IN THE FORM

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WORD AND SERVICE INTERNSHIP CHECK-IN COMMITTEE

Name of Intern: _____

Seminary: _____

Date of Internship - From: _____ To: _____

Name of Congregation: _____

Name of Congregation Supervisor: _____

Address: _____

Hours _____ per _____ (week/month)

Name of Organization (if applicable): _____

Name of Organization Supervisor (if applicable): _____

Address (if applicable): _____

Hours _____ per _____ (week/month)

SUPERVISION

1. How many times did you and the intern meet during this period to discuss the internship and ministry concerns? _____
2. What areas of discussion with the intern have you found the most insightful and why?

3. What areas of discussion with the intern have you found the most challenging and why?

PROFESSIONAL AND PERSONAL GOALS

1. State the goals of the internship as you perceive them?

2. Have those goals changed? If so, how and/or why?

REFLECTION ON MINISTRY

1. State the major areas of service.

2. In which of these areas has the intern shown greatest competency?

3. In which of these areas is there special need for experience and growth?

4. What plans are anticipated to assist the intern's growth and experience throughout the remainder of the internship?

5. At this point in the internship, what else would you want the contextual education office to know?

Intern Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____