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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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WORD AND SERVICE INTERNSHIP CHECK-IN SUPERVISOR

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: _____

Supervisor Signature: _____ Date: _____