

***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.



## INTERN SUPERVISOR'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 intern meet for an hour or more to discuss the ministry concerns of the intern and the intern's theological questions?	
How many times did you and the intern meet in addition to the times listed above to consider ways to minister together more effectively and to plan schedules?	
How many times did the lay committee meet with the intern?	

How is the interfunctioning in the following areas:

Preaching

Worship

Teaching

Pastoral Care

Interaction with Staff


Interaction with Congregational Groups


Interaction with Individual Members

At this point in the internship, do you observe any patterns of behavior that would adversely affect the intern's suitability for ministry in the ELCA?

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 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 three month report.

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