

***Please read these instructions before you 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>.

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### 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.



## WORD AND SERVICE INTERNSHIP CHECK-IN COMMITTEE

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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

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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**

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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**

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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: \_\_\_\_\_