**PLEASE NOTE: Supervisor and student must discuss the entire evaluation before submission. All responses must be typed. The original of the Evaluation Form, with attached Section 1 and 2 must be submitted within TWO weeks of the deadline. If a Nurturing Committee Evaluation is completed, it should be turned in with the rest of the materials. Evaluation due dates are listed in the current “Field Education Calendar,” found at** [**www.lpts.edu/field-ed**](http://www.lpts.edu/field-ed)**.**

Period covered by this report:

*(click boxes or print to check)*

Sep. to Dec., 20\_\_

Jan. to May, 20\_\_

Summer, 20\_\_

Academic hours taken for credit this term: \_\_\_

Evaluation of student work for the above period of service:

Pass

Marginal

Fail

**Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church or Agency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** (street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city, zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty** **Advisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to whom a copy of this report should be forwarded   
(**Committee on Preparation for Ministry or other church official**)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION 1: TO BE COMPLETED BY THE SUPERVISOR (please type and attach)

1. Describe briefly the supervisory relationship and pattern during this period. What patterns have you found helpful in reflecting upon and learning from the student’s work? What problems may have emerged and how did you handle them?
2. Describe the progress made in achieving the professional and personal goals established in the Learning Covenant, noting any changes made to these goals.
3. What have been several helpful contributions of the student to your setting during this period of evaluation?
4. What aspects of the student’s abilities as a person in ministry have been identified as strengths during this period?
5. What aspects of the student’s abilities as a person in ministry have been identified as areas for further growth?
6. Please share additional comments that characterize this period of ministry.
7. Please provide any feedback for the Field Education Office.

SECTION 2: TO BE COMPLETED BY THE SUPERVISOR (please type and attach)

1. Describe briefly the supervisory relationship and pattern during this period. What patterns have you found helpful in reflecting upon and learning from your work? What problems may have emerged and how did you handle them?
2. What would you like to see changed in this church or agency that would enhance learning opportunities for ministry?
3. What have been some of the strengths of this organization in its relation to you as a student?
4. Describe your progress in achieving the professional and personal goals established in the Learning Covenant, noting any changes made to these goals.
5. What changes might you need to make in your professional or personal learning goals as a result of this period of learning? In what different activities will you need to be involved in the future to move toward these new goals?
6. Please share additional comments, which help fill in the picture of this period of ministry.
7. Please provide any feedback for the Field Education Office.

**\*\*\*Please sign and date after the last comments of BOTH Section 1 and Section 2. If comments are printed on more than a single double-sided page, BOTH supervisor and student must initial each unsigned page. Please sign below.**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Signature of Student | Date | Signature of Supervisor | Date |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_** |  |  |
| Signature of Field Education Director | Date Received |  |  |