

SUPERVISED MINISTRY II PATH6230
NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
SUPERVISOR'S EVALUATION OF STUDENT'S PERFORMANCE

NAME OF STUDENT: _____ **DATE:** _____

PLACE OF ASSIGNMENT: _____

Please evaluate:

1. Student's attitude toward your ministry:

2. Student's co-operation:

Did this student make significant contributions or did he/she impose limitations upon the program?

Please list any problems encountered with this student:

Overall evaluation of student's performance: **GOOD** _____ **FAIR** _____ **POOR** _____

Number of hours completed at your ministry site [**48 hours minimum**] _____

Supervisor's Signature _____

Student's Signature _____

Note: This evaluation will be used if needed in counseling the student regarding his/her ministry and will not effect his/her grade. Use back of sheet for additional comments if necessary. Please go over your evaluation with the student and let the student return this form to our office.