

SUPERVISED MINISTRY II PATH6230
Urban Ministry Involvement Form

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

PLACE OF ASSIGNMENT: _____

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 [**5 hour 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.