

 **Ministry Inquiry Program**

**Supervisor Final Evaluation**

(*College Administrators, add name/contact info as header)*

College/University:

Administrator:

Phone:

Email:

Date:

Name of Internship Participant:

1. Brief assignment description:

2. Ability to cooperate with you as a supervisor:

3. Ability to relate to others:

4. Ability to carry out assignments:

5. Ability to respond to criticisms/suggestions:

6. Student’s overall growth in understanding your ministry setting:

7. Briefly comment on other aspects of the student’s performance, such as maturity, initiative, self-reliance, punctuality, and judgment. If you like, use the back of this form to elaborate.

8. If you were assigning a letter grade for overall performance of this student, what would it be?

Excellent A B C D F Unsatisfactory

After you have completed this evaluation form, please return the form as an e-mail attachment to your college administrator.

Evaluator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_