**4-K**

**INTERN’S FINAL SELF-EVALUATION**

**Of the MINISTRY INTERNSHIP**

Reflect on your experience. Were your learning goals helpful to your growth in ministry? What did you learn unexpectedly? When in the course of the internship did you feel most successful as a minister? Least successful? Did you identify other areas of ministry to explore and strengthen in the future? What do you wish you had done differently? Share your completed form with your supervisor and the district TRIM coordinator.

(Begin typing here, space will expand)

Intern’s signature Date