**SUPERVISOR’S FINAL EVALUATION**

**of the MINISTRY INTERNSHIP**

(Typing area will expand with amount of text)

Name of supervisor:

Name of intern:

1. What areas of growth did you see in the intern? Did the intern work adequately at achieving his or her learning goals?

2. Where does the intern need to stretch his or her understanding and practice of ministry?

3. How was this experience for you as a supervisor?

4. Checklist for Case Study Reports

\_\_\_ Report on preaching/worship incident submitted on \_\_\_\_

\_\_\_ Report on teaching incident submitted on \_\_\_

\_\_\_ Report on pastoral care incident submitted on \_\_\_

\_\_\_Report of transforming experience submitted on \_\_\_

Certification of Experience for Credit

Signature of Supervisor Date

**Note: Send a copy of the completed form to the intern and another to the district TRIM coordinator.**