Local Supervisor’s Portion

Name of Student: ___________________ Name of Supervisor: ___________________

1. Student’s level of accountability / reliability

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2. Student’s ability to relate to others

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3. Student’s ability to work collaboratively in ministry

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4. Student’s openness to supervision

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5. Student’s ability to understand pastoral issues and formulate pastoral responses

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6. Student’s ability to relate theology to their ministerial experiences


7. Student’s areas of strength and weakness


8. Suggestions for continued growth


9. Any other comments regarding the field experience:


The student and local supervisor met and reviewed the above comments on (date): ______________

Signatures:
Student signature: ________________________________
Local supervisor: ________________________________
Director of Field Education: _____________________ Date: ________________