

Intern Supervisor Evaluation – 1st Year [Confidential]

Name of Supervisor: _____ Date: _____

Name of Intern: _____

Person completing this form (please tick): Supervisor Intern

This evaluation is to be completed during the 6th and 10th month of internship.

Please send completed form to your local conference/Mission Ministerial Secretary

How often have the following ministry tasks been discussed, modelled, debriefed and the intern been observed by the supervisor?	Discussed	Modeled by Supervisor	Debriefed	Intern observed by supervisor
Bible Studies	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Evangelistic Visitation	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Pastoral Visitation	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently
Biblical Preaching	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently	<input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently

For areas that deserve further comment, please use the space below or over page	Needs to Improve			Excellent
	1	2	3	4
<i>Please Tick to indicate your answer</i>				
Quality of Supervisor – Intern relationship				
The Supervisor's availability to the intern				
Effectiveness of the Intern Development Meeting				
Effectiveness of modelling:				
Bible Studies				
Evangelistic Visitation				
Pastoral Visitation				
Biblical Preaching				

Please comment on any area from your answers above, and on the following:

How Frequently has the Intern Development Meeting taken place? _____

What have you found most helpful about supervision? _____

What have you found most challenging about supervision and what could be done to assist you with these challenges? _____

The Supervisor's best personal & professional qualities: _____

Other helpful comments (please use other side of page as needed): _____

Signature of person completing this evaluation: _____