

Louisville Presbyterian Theological Seminary
1044 Alta Vista Road, Louisville, KY 40205-1798
FIELD EDUCATION EVALUATION FORM

Student's Name _____

Supervisor's Name _____

Church or Agency (name and address)

Period covered by this report: ☐ September to December, 20____
 ☐ January to May, 20____
 ☐ Summer, 20____

Academic hours taken for credit this semester: _____

Student's **Faculty Advisor**: _____

Name and address of person to whom a copy of this report should be forwarded (Committee on Preparation for Ministry or other church official):

Please note:

Supervisor and student are to discuss the entire evaluation before it is submitted.
The evaluation responses should be typed.

The original of the Evaluation Form, with attached Section 1 and Section 2 is the Evaluation packet. Submit the original packet and two complete copies, collated and stapled.

The evaluation of the student's work for the above period of service is:

- ☐ Pass
☐ Marginal
☐ Fail

Signature of Student

Signature of Supervisor

Date

Date

Evaluation due dates are listed in the current "Field Education Calendar."

Received on: _____
Date

Signature of Field Education Director

Please type your answers to these questions and attach them to the Evaluation Form:

Attachment 1: TO BE COMPLETED BY THE SUPERVISOR

1. Describe briefly the supervisory relationship and pattern during this period. What patterns have you found helpful in reflecting upon and learning from the student's work? What problems may have emerged, and how have you handled these?
2. Describe the progress made in achieving the professional and personal goals established in the Learning Covenant noting any changes made in the Learning Covenant.
3. What have been several of the helpful contributions of the student to your setting during this period of evaluation?
4. What aspects of the student's abilities as a person in ministry have been identified as particular strengths during this period?
5. What aspects of the student's abilities as a person in ministry have been identified for further growth and improvement?
6. Please share additional comments, which will help to characterize this period of work.
7. Please insert the following **after the supervisor's last comment** (*do NOT sign and date this instructional sheet*):

Student Signature

Supervisor Signature

Date

Date

Attachment 2: TO BE COMPLETED BY THE STUDENT

1. Describe briefly your perceptions of the relationship with your supervisor during this period. What patterns have been helpful in enabling you to reflect upon and learn from your work? What problems have you found in the relationship and how were these worked through?
2. Describe the progress made in achieving the professional and personal goals established in the Learning Covenant noting any changes made in the Learning Covenant.
3. What would you like to see changed in the church or agency of your placement, which would enhance learning opportunities for ministry?
4. What have been some of the strengths of this organization in its relation to you as a student?
5. What changes do you need to make in your professional or personal learning goals as a result of this period of learning? In what different activities will you need to be involved in the future to move toward these new goals?
6. Please share additional comments, which help fill in the picture of this period of work.
7. Please insert the following **after the student's last comment** (*do NOT sign and date this instructional sheet*):

Student Signature

Supervisor Signature

Date

Date