

Field Education-Student Evaluation Form

Student's Name: _____

Period of Service (Month/Year): _____ to _____

Church/Organization Served: _____

Total Hours of Service: _____

Supervisor's Name & Title: _____

1. Indicate your ministry experiences:

- Preaching
- Teaching
- Facilitating a Small Group
- Mentoring
- Planning and Assisting in Worship
- Children or Youth Events
- Observation of Meetings (Elder, Deacon, Staff, etc.)
- Hospital Visitation
- Shut-In Visitation
- Bereavement Visitation
- Wedding Participation
- Funeral Participation
- Counseling
- Other (please describe) _____

2. What has been your most valuable contribution to this ministry?

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3. In what areas do you sense the need for improvement?

4. Describe how you have grown in the following areas:
 - Professional competence (i.e. preaching, teaching, leadership, planning, visitation, counseling, etc.)
 - Pastoral and Theological understanding
 - Understanding of the nature and mission of the Church
 - Love for the Church & a desire to serve in a local church
 - Interpersonal relationships

5. In what way(s) have you grown the most?

6. What appreciation and/or disappointments would you note?

7. How can RTS Orlando improve the field education experience?

Print Name: _____

Signature: _____

Date: _____