

# FORM H

## INTERN SELF-EVALUATION FORM

(To be filled out at the end of each semester by student)

Date \_\_\_\_\_

Check which applies \_\_\_\_\_ 1<sup>st</sup> semester \_\_\_\_\_ 2<sup>nd</sup> semester of Internship.

Name \_\_\_\_\_ Church served \_\_\_\_\_

Length of service \_\_\_\_\_ Location \_\_\_\_\_

Type of Internship \_\_\_\_\_

Mentor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Check the following if applicable

- \_\_\_\_\_ 1. I am finding real freedom in my intern work.
- \_\_\_\_\_ 2. My mentor consults with me regularly.
- \_\_\_\_\_ 3. The power structure of the church is no threat to me.
- \_\_\_\_\_ 4. My job as \_\_\_\_\_ is good, fair, moderate, excellent.
- \_\_\_\_\_ 5. I would choose to intern in this location again.
- \_\_\_\_\_ 6. My mentor is well organized, includes me in his plans and/or give me assignments
- \_\_\_\_\_ 7. Other leaders within the church are responding well to my leadership
- \_\_\_\_\_ 8. I need to talk about my internship.
- \_\_\_\_\_ 9. The following crises have occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 10. I handled these crisis by: \_\_\_\_\_

\_\_\_\_\_ 11. \_\_\_\_\_  
The internship program as I see it unfolding this semester has real possibilities.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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**RETURN TO:** Internship Professor, CCBBC, 300 Clear Creek Rd. Pineville, KY 40977