

FORM H

INTERN SELF-EVALUATION FORM

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

Name: _____ Date: _____

Check which applies: _____ 1st semester _____ 2nd semester of Internship.

Name of Church or Institution: _____

Mentor's Name: _____

Ministry Address: _____

City _____ State: _____ Zip: _____

Check any of the following, if applicable:

- _____ 1. My assigned responsibilities have given me the practical experiences I have needed.
- _____ 2. My mentor met with me at least weekly _____ At least every two weeks _____
- _____ 3. The membership of the church accepted me and worked well with me in my assignments.
- _____ 4. My job was _____ fair, _____ moderate, _____ good, or _____ excellent.
- _____ 5. I would choose to intern in this location again.
- _____ 6. My mentor is well organized, includes me in his plans and/or gives me assignments
- _____ 7. Other leaders within the church responded well to my leadership
- _____ 8. I need to talk about my internship.
- _____ 9. The following crises have occurred: _____

_____ 10. I handled the crisis by (the steps you took): _____

_____ 11. I had the following successes or good ministry experiences during my internship:

SIGNED: _____ DATE: _____

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