

STUDENT INFORMATION

 Full Name

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

 Student ID Degree Program

 Local Street Address

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

Telephone GCTS Box #

 E-mail

 MINISTRY INFORMATION

 Name of Church or Ministry

 Church/Ministry Address

 Your Role or Title

 Name of Mentor

 Mentor E-Mail

Did you and your mentor meet personally for a minimum of 10 hours this semester? □ Yes □ No

If “No,” please explain:

COURSE INFORMATION

 Old Program (96 hours; 4 field units)
 □ MM502 □ MM601 □ MM602

 □ MM701 □ MM702

 New Program (90 hours; 3 MM field units)

 □ MM505 □ MM605

 □ MM705

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 Semester and Year (i.e. SP2025)

Please attach the following forms: (✓)

 □ Questions for Student Response

 □ Questions for Mentor Response

 □ Lay Evaluation

AFFIRMATION

(*We have read and discussed each other's comments*.)

 \_\_

 Student Signature Date

 \_\_

 Mentor Signature Date

 \_\_

 MM Director Signature Date

OFFICE USE:

□ Student DB

Student: \_\_\_\_\_\_ Mentor: \_\_\_\_\_\_

**FINAL EVALUATION**

**Questions for Mentor Response**

This evaluation is to be completed at the end of the final unit/semester that a student spends at a particular

ministry site. Its primary purpose is to provide a vehicle for discussion with your student and to give them your

direct feedback. Please respond to the following questions and include any additional comments you want to

make at the end. The rating scales below range from (1) poor or ineffective to (5) superior performance.

Please circle the most accurate number on the scale.

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1. Response of the student to the fulfillment of the duties outlined in the *Learning Covenant*.

 (Duties not Completed) 1 2 3 4 5 (Objectives Fulfilled)

1. How have the mission objectives of your church been affected by the student’s involvement in

the congregation/work?

 (Unaffected) 1 2 3 4 5 (Significant Impact)

1. Please indicate your own approach to the mentoring relationship.

 (Quite Incidental) 1 2 3 4 5 (Very Intentional)

1. Describe your satisfaction with the mentoring sessions.

 (Dissatisfied) 1 2 3 4 5 (Very Satisfying)

1. Were the sessions of mutual benefit to you?

 (No Real Reciprocal Benefit) 1 2 3 4 5 (Quite Beneficial)

1. As you review the student’s Learning Covenant, particularly the objectives listed for knowing, doing

and being, please evaluate the level of growth you have observed.

 (No Significant Growth) 1 2 3 4 5 (Obvious Maturation)

1. Please indicate your evaluation of the student’s overall readiness for ministry in a chosen area.

 (Insufficient Data) 1 2 3 4 5 (Definitely Ready for Ministry)

OVER ⮚

1. Please note any specific suggestions you have shared with your student concerning the need

for further development.

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1. What letter grade would you recommend assigned to the student? \_\_\_\_\_\_\_\_\_
2. Additional Comments (on reverse or additional pages may be attached):

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Give *Mentor Response* to student for submission to office.

Please be sensitive to your student’s deadlines, as their grade could be negatively affected by late work.