

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

**FINAL EVALUATION**

**Questions for Student Response**

The primary purpose of the *Final Evaluation* is to provide a vehicle for discussing your work with your mentor and to receive their direct feedback. The *Final Evaluation* is to be completed at the end of the final unit/semester that a student spends at a particular ministry site. Please attach both you and your mentor’s evaluations to the *Final Evaluation* *Cover Sheet*. The signatures on the *Cover Sheet* verify that you and your mentor have discussed your evaluations together.

**On questions 1 – 6, please rate on the five-point scale, with 1 being the least favorable answer and 5, the most favorable response.**

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1. Outcome of ministry is closely related to the *Learning Covenant*.

(Not Related) 1 2 3 4 5 (Closely Related)

1. General satisfaction with mentor relationship.

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

1. Availability and attentiveness of mentor to you.

(Inconsistent) 1 2 3 4 5 (Very Responsible)

1. Appropriateness of ministry site for your personal and professional growth.

(Inappropriate) 1 2 3 4 5 (Very Appropriate)

1. Note the progress made toward the following areas of your *Learning Covenant*.
2. Knowing

(Little Progress) 1 2 3 4 5 (Significant Progress)

1. Doing

(Little Progress) 1 2 3 4 5 (Significant Progress)

1. Being

(Little Progress) 1 2 3 4 5 (Significant Progress)

1. How has your involvement in this ministry affected your readiness in the areas of service to which you believe

God is calling you?

(Unrelated) 1 2 3 4 5 (Very Beneficial)

OVER ⮚

1. Please outline below a “typical” week of ministry time invested (note usual task and time involved).

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1. In what specific area(s) have you grown the *most* through this Mentored Ministry experience?

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1. Summary comments regarding this ministry experience and/or improvements you would suggest for the

Mentored Ministry program in general.

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Attach *Student Response* to *Final Evaluation Cover Sheet*, along with *Mentor’s Response* and *Lay Evaluation*.

It is the student’s responsibility to make sure all work is submitted on time.

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.



Name of Student: Evaluated by:

Relationship to Student: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Mentors, spouses, family members, significant others, or roommates do not qualify as lay evaluators,

unless approved by the Mentored Ministry office!

Please circle the number between 1 and 5 that best represents where you perceive the person being evaluated.

Circle "NA" if you do not have enough information to make an evaluation.

Is not aware of strengths and 1 2 3 4 5 NA Is aware of strengths and

weaknesses weaknesses

Not interesting to talk to 1 2 3 4 5 NA Interesting to talk to

Low concern for others 1 2 3 4 5 NA High concern for others

People would not come to this person 1 2 3 4 5 NA People would come to this person with a problem with a problem

Does not treat me with respect 1 2 3 4 5 NA Does treat me with respect

Does not relate well to 1 2 3 4 5 NA Does relate well to staff/ministry

staff/ministry leaders leaders

Does not relate well to authority 1 2 3 4 5 NA Does relate well to authority

Is not comfortable in some 1 2 3 4 5 NA Is comfortable in most one-to-one

one-to-one relationships relationships

Is uncomfortable in some 1 2 3 4 5 NA Is comfortable in most group group situations situations

Disorganized 1 2 3 4 5 NA Organized

Is closed to ideas 1 2 3 4 5 NA Is open to ideas

Stifles self-expression 1 2 3 4 5 NA Communicates openly and honestly

Is impatient 1 2 3 4 5 NA Is very patient

Is moody 1 2 3 4 5 NA Shows a stable mood

Does not listen well 1 2 3 4 5 NA Is a good listener

Does not express self clearly 1 2 3 4 5 NA Expresses self clearly

Does not know the Bible 1 2 3 4 5 NA Knows the Bible

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**Use a separate sheet to answer the following:**

1. List one thing you like that this person has done in his/her ministry.

2. Is there anything you would like this person to do differently in his/her ministry?

3. Comments:



1. List one thing you like that this person has done in his/her ministry.
2. Is there anything you would like this person to do differently in his/her ministry?
3. Comments:

**EVALUATION OF MENTOR**

(Optional)

Name of Mentor:

This evaluation may be shared with the mentor or be confidential, as the student wishes.

1. Describe what kind of mentor your supervisor has been to you. What are his/her strengths and weaknesses?

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2. What has been the most satisfying element of your relationship?

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3. In what way(s) could your supervisor improve as a mentor?

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4. How has your growth been enhanced as a result of your relationship with your mentor?

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5. Would you recommend your mentor to another student? Why or why not?

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6. Additional Comments:

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Name of Student: Date: