**Final Evaluation Form | Perkins Intern Program**

**Name of Intern:**

**Placement Site:**

**Date of Final Evaluation Meeting:**

**Filled out by**: ☐ Mentor Pastor – ☐ On-Site Supervisor – ☐ Lay Teaching Committee Chair

**Email summary** to the Intern Faculty and to the Intern at the agreed upon date.

Dr. Chuck Aaron, caaron@smu.edu, Dr. Elias Lopez, ehlopez@smu.edu, Dr. Susanne Johnson, johnsons@amu.edu

**Please summarize the feedback given to the Intern at the Final Evaluation Meeting in the following areas:**

1. The Intern’s openness to feedback:
2. The Intern’s abilities and skills (if possible, include examples of ministry activities that shed light on the intern’s growth and h/her abilities and skills).
3. The Intern’s time management skills, including self-care:
4. The Intern’s potential areas of growth (personal and/or professional) for which you offered constructive feedback during the Internship:
5. The Intern’s ability to articulate and live into a theology of ministry that inspires others into faith and service (refer to the Theology of Ministry presentation):
6. The Intern’s character and his/her qualities for Christian leadership:
7. Other observations or comments: