

MINISTRY PRACTICUM EVALUATION FORM
(to be completed by the ministry partner)

Practicum Title: _____

Practicum Location: _____

Practicum Site Supervisor: _____

Dear Practicum Site Supervisor,

*Thank you so much for your work with a student from the Department of Christian Formation and Ministry at Wheaton College. In order to help us gain an understanding of how well our students are doing in a practical ministry context, we would like your feedback on their progress. Please complete the following evaluation and return it to **Daniel Haase, Department of CFM, Wheaton College, Wheaton, IL 60187**, or email it as an attachment to **Daniel.Haase@wheaton.edu**.*

Student Name: _____ **Practicum Term:** _____

	(1) not acceptable	(2) needs improvement	(3) progressing well	(4) outstanding
Fulfilled the expectations of the ministry practicum.				
Exhibited responsibility in ministry assignments.				
Ministered and/or taught effectively, integrating theory and Scripture into creative practice with integrity, humility, and grace.				
Served collaboratively and compassionately, balancing the needs of others with adequate self-care.				
Demonstrated the necessary skills of a ministry practitioner/scholar: critical analysis; oral communication; written communication; program evaluation				
Exhibited appropriate behavior for the ministry context (e.g., punctuality, dress, language)				

Overall (Please add any comments you would like)

This student has demonstrated sufficient ministry potential: ___ YES ___ NO

Practicum Site Supervisor Signature _____ **Date** _____