



**FIELD EDUCATION
SUPERVISOR EVALUATION FORM**

Please circle the semester in which the student completed his or her placement.			YEAR: _____
FALL	WINTER	SPRING/SUMMER	
Student's Name: _____			
Placement Supervisor's Name: _____			
Organization: _____			

Please thoughtfully consider the following questions and answer them candidly. Your evaluation of this student is important tool in his/her personal and professional development.

For each skill the student used at your church/organization, please rate the student's development: 1=fail; 2=poor; 3=average; 4=good; 5=excellent; NA=not applicable

Administration Skills	NA 1 2 3 4 5	Leadership Skills	NA 1 2 3 4 5
Communication Skills	NA 1 2 3 4 5	Musical Skills	NA 1 2 3 4 5
Counselling Skills	NA 1 2 3 4 5	Programming Skills	NA 1 2 3 4 5
Interpersonal Skills	NA 1 2 3 4 5	Teaching Skills	NA 1 2 3 4 5

Please also rate the student in the following:

- Arrived on time consistently or informed you if he or she would be late or absent NA 1 2 3 4 5
- Was enthusiastic, had high level of interest and appeared motivated NA 1 2 3 4 5
- Was a self-starter, resourceful, and took appropriate initiative NA 1 2 3 4 5
- Demonstrated common sense and sound judgement NA 1 2 3 4 5
- Understood the concept of service NA 1 2 3 4 5

What are some strengths and gifts that the student exhibited while at your organization?

What are some areas that the student should work on in his or her personal and professional development?

Supervisor Signature: _____ Date: _____