# Tyndale Counselling Services

**MDiv In-Ministry Internship (MVIM 1800) – Cohort 12**

**Self-Awareness Sessions – Completion Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Instruments/ Assignments** | **Due Date** | **Complete?** |
| **Yes** | **No** |
| Family Journey Exercise | * Introduction to assignment

(Winnie Lai) | Wed. Sept. 14, 20161:00 – 2:00 pm |  |  |
| * Assignment
 | Wed. Jan. 25 or Feb. 1, 2017 |  |  |
| Stress Profile | * Instrument paid for & completed
 | Wed. Sept. 28, 2016 |  |  |
| * Assignment
 | Wed. Nov. 9 or 16, 2016 |  |  |
| Myers-Briggs Type Indicator (Step II) | * Instrument paid for & completed
 | 🟏Fri. Oct. 21, 2016 |  |  |
| * Group Interpretation

(Sheila Stevens) | 🟏Sat. Nov. 5, 20161:00 – 5:00 pm |  |  |
| * Summary Paper
 | Wed. Nov. 23 or 30, 2016 |  |  |
| FIRO- B: Leadership Report w/ MBTI | * Instrument paid for & completed
 | 🟏Wed. Jan. 27, 2017 |  |  |
| * Group interpretation

(Sheila Stevens) | 🟏Wed. Feb. 8, 201712:15 – 1:45 pm |  |  |
| * Summary Paper
 | Wed. Feb. 22 or March 1, 2017 |  |  |
| Boundaries in Ministry | * Class

(TBA) | 🟏Sat. Apr. 29, 20171:00 – 5:00 pm |  |  |
| * Assignment
 | Wed. May 17 or 24, 2017 |  |  |

🟏 ***No flexibility for these dates***

**Total number of sessions with Counsellor: \_\_\_\_\_\_\_\_ (Note: 12 sessions are required)**

**Counsellor’s view of student’s self-awareness, potential areas of strength, and recommended growth:**

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

Student’s view of student’s self-awareness, potential areas of strength, and recommended growth:

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##  Counsellor Date

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##  Student \* Date

\* In signing this form, student acknowledges that they are aware that this Completion Form will be given to the Dr. Michael Krause, Internship Instructor, to be kept on file with the In-Ministry program.