MASTER OF ARTS IN CHRISTIAN MINISTRY – MACM
FORM E
Ministry Supervisor’s Report

The Ministry Supervisor’s evaluation is designed for the entire experience of the student’s time in this setting. This Form is to be discussed, completed, signed and returned by March 1st of the final year of the student’s degree program. Use additional sheets as necessary.

Student’s Name: ___________________________________________________________

Ministry Location: __________________________________________________________

MACM Specialization: _______________________________________________________

Ministry Supervisor’s Name: ________________________________________________

The length of time spent at the ministry location: ______________________________

1. List and describe the ministry responsibilities the student carried during this experience.
   a.____________________________________________________________________
   b.____________________________________________________________________
   c.____________________________________________________________________

2. List the strengths and gifts you experienced with this student.
   a.____________________________________________________________________
   b.____________________________________________________________________
   c.____________________________________________________________________

3. List the areas for the student’s future growth and development.
   a.____________________________________________________________________
   b.____________________________________________________________________
   c.____________________________________________________________________

4. Describe some of the professional understandings that the student developed during this ministry experience, e.g. boundaries, issues of power and authority.
   a.____________________________________________________________________
   b.____________________________________________________________________
   c.____________________________________________________________________
5. Describe the student’s overall understanding of ministry.

6. Rate the overall effectiveness of this student in terms of their ministry experience in this setting.

<table>
<thead>
<tr>
<th></th>
<th>Beginning</th>
<th>Developing</th>
<th>Accomplished</th>
<th>Exemplary</th>
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</thead>
<tbody>
<tr>
<td>+Beginning:</td>
<td>observed performance of identifiable characteristics reflects a beginning level of performance.</td>
<td></td>
<td></td>
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<tr>
<td>+Developing:</td>
<td>observed performance of identifiable characteristics reflects professional development and movement toward mastery of performance.</td>
<td></td>
<td></td>
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<tr>
<td>+Accomplished:</td>
<td>observed performance of identifiable characteristics reflects mastery of performance.</td>
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<tr>
<td>+Exemplary:</td>
<td>observed performance of identifiable characteristics reflects the highest level of performance.</td>
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</tbody>
</table>

Comments:

7. As the ministry supervisor, we ask that you discuss this report with your student and sign the form as an indication that this conversation has been completed.

_________________________________________  _______________________________________
Student                                        Supervisor

_______________________
Date