CHRIST THE KING SEMINARY
Practicum in Supervised Ministry (Certificate Program)
711 Knox Road PO Box 607
East Aurora, NY 14052-0607
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SUPERVISOR'S ASSESSMENT

Placement: _____ Student: _____

Supervisor: _____ Affiliation: _____

Date: _____

Please respond to the following, using specific illustrations of your impression of the student with whom you have worked over these past months in the Practicum in Supervised Ministry.

1. Impression of the student's gifts for ministry in this context.

2. Impression of the student's readiness for ministry in general.

3. Areas which you would recommend that the student should emphasize for future ministry effectiveness.

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____