



Student Evaluation

Student's Name: _____ Semester: Fall Spring Year: _____

I. **Time Engagement.** Weekly, I averaged the following number of hours in mentored ministry activities.

- Preparation:** Less than 1 hour 1-2 Hours 2 or more hours
- Execution:** Less than 1 hour 1-2 Hours 2 or more hours
- Debriefing:** Less than 1 hour 1-2 Hours 2 or more hours

II. **Mentored Ministry Program Goals.** Through the Mentored Ministry Program, Summit Christian College seeks to ensure that all students can do the following. **Based on your experiences in the Mentored Ministry Program, please rate your progress toward the Program Goals from 1 to 5 using the following scale.**

- 5 - Fully Achieved*
- 4 - Mostly Achieved*
- 3 - Partially Achieved*
- 2 - Minimally Achieved*
- 1 - Not at all Achieved*

1. Comprehend the mission of Christ's church and understand how various ministries in the church work together to fulfill the mission.
5 4 3 2 1
2. Grasp how various ministries meet the emotional, physical, and spiritual needs of those who are being served.
5 4 3 2 1
3. Identify a personal passion for an area of ministry which the student would further pursue either vocationally or non-vocationally.
5 4 3 2 1
4. Gain practical skills for faithfully executing specific ministries.
5 4 3 2 1
5. Mature emotionally and spiritually through ministering in Christ's church.
5 4 3 2 1

III. **Mentored Ministry Program Objectives and Proficiencies.** Please rate your progress towards the following Program Objectives and Proficiencies through your ministry activities in the Mentored Ministry Program.

Program Objective 2: Spiritual and Professional Growth: Cultivate spiritual formation and Christian leadership qualities



2.1 Students will exhibit Biblical teaching in their lives, ministries, and spiritual formation.

5 4 3 2 1

2.5 Students will develop Biblical philosophies for diverse ministries of the church.

5 4 3 2 1

2.9 Students will adopt leadership, professional, and personal skills needed for effective day-to-day ministry.

5 4 3 2 1

At the beginning of the semester, in consultation with your mentor, you were to identify at least one additional proficiency you would work on throughout the semester. Please state your proficiency in the space below and rate your progress toward your achievement.

1st Proficiency:

5 4 3 2 1

2nd Proficiency:

5 4 3 2 1

IV. Person Evaluation: Please rate your achievements in the following areas on a scale of 1 to 5

My Role:

I fulfilled my role.

5 4 3 2 1

My Responsibilities:

I fulfilled my responsibilities.

5 4 3 2 1



V. Additional comments about the program

VI. Additional comments about my mentor:

Student Signature

Date