



**United Lutheran Seminary**

UNIFYING, LEARNING, SERVING

**Ministerial Fieldwork Supervisor's Final Student Appraisal**

*(First Two Semesters' Student Congregational Fieldwork)*

**DUE DATE**

**2<sup>nd</sup> Friday of May – Student Upload to Canvas Course site**

**Questions? Email: [contextualformation@uls.edu](mailto:contextualformation@uls.edu)**

Student \_\_\_\_\_ Parish/Agency \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

Please appraise the student in the following areas:

- A. How has the Ministerial Fieldwork experience contributed to the student's readiness for ministry?
  
  
  
  
  
  
  
  
  
  
- B. Does the student demonstrate growth in their understanding of a 'call' and is he/she "willing to serve in response to the needs of this church:"
  
  
  
  
  
  
  
  
  
  
- C. Comment on the teaching/workshop offerings during the year – did the topics contribute to growth for the student? For the congregation/agency?
  
  
  
  
  
  
  
  
  
  
- D. Assess the student's growth in the ability to articulate theological concepts as they pertain to ministry in the world:

E. In which ministry competency area did significant growth occur? Where should the student focus increased attention?

F. How did the congregation/agency respond to the student’s Fieldwork?

G. Where possible, please describe the student in relationship to the following:

1 *Motivation, sense of responsibility and self-discipline:*

1	2	3	4	5	6	7	8	9	10
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Lacking initiative Self-initiating

Comments:

2 *Self-awareness: Is the student able to evaluate self?*

1	2	3	4	5	6	7	8	9	10
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None Accurately

Comments:

3 *Openness to learning:*

1	2	3	4	5	6	7	8	9	10
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Resistant

Eager

Comments:

4 *Ability to relate to you as supervisor:*

1	2	3	4	5	6	7	8	9	10
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Negative

Positive

Comments:

5 *Ability to relate to people in corporate settings of ministry (groups, meetings, classes):*

1	2	3	4	5	6	7	8	9	10
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Negative

Positive

Comments:

6 *Ability to relate to individuals in personal settings, especially one-to-one:*

1	2	3	4	5	6	7	8	9	10
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Negative

Positive

Comments:

H. Number of Supervisor Sessions during the Semester. \_\_\_\_\_

Total Hours of Supervisor/Reflective Sessions during the semester. \_\_\_\_\_

Comments:

Signed \_\_\_\_\_  
(Supervisor)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Student)