



Supervisor Evaluation

First/Second Year

Student Name: _____ Church/Organization Name _____
Area of Practical Training: _____ Internship Duration: _____
Supervisor Name: _____ Supervisor Title: _____
Supervisor Signature: _____ Date: _____
Supervisor Contact Tel: _____ Email: _____

Evaluation & Suggestion (1=lowest rating;5=highest rating)

1. Has the student's performance been satisfactory, in terms of

Capability	1	2	3	4	5
Cooperation	1	2	3	4	5
Commitment	1	2	3	4	5
Faithfulness	1	2	3	4	5
Fruitfulness	1	2	3	4	5

Comments (please provide specific affirmations and/or suggestions):

2. Please evaluate the student's personality, in terms of

Spiritual maturity (Christlikeness)	1	2	3	4	5
Hardworking	1	2	3	4	5
Self-discipline	1	2	3	4	5
Humility	1	2	3	4	5
Teachability	1	2	3	4	5

Comments (please provide specific affirmations and/or suggestions):

3. Please evaluate student’s ministry skills in the relevant areas

Knowledge of Scriptures & Doctrines (depth & integration)	1	2	3	4	5	
Teaching	1	2	3	4	5	N/A
Leadership	1	2	3	4	5	N/A
Counseling	1	2	3	4	5	N/A
Evangelism	1	2	3	4	5	N/A
Preaching	1	2	3	4	5	N/A
Administration	1	2	3	4	5	N/A
Interpersonal Communication	1	2	3	4	5	N/A
Conflict management	1	2	3	4	5	N/A
Knowledge of Chinese church heritage	1	2	3	4	5	
Global awareness & cultural sensitivity	1	2	3	4	5	

Comments (please provide specific affirmations and/or suggestions):

4. How does the student integrate Scriptural knowledge, ministry skills, and spirituality into his or her ministry?
