SUPERVISED MINISTRY 2 PATH6230 OR EVAN6230  
NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY  
SUPERVISOR’S EVALUATION OF STUDENT’S PERFORMANCE

NAME OF STUDENT: ________________________________________________ DATE: ____________

PLACE OF ASSIGNMENT:______________________________________________

Please evaluate:

1. Student’s attitude toward your ministry:

2. Student’s co-operation:

Did this student make significant contributions or did he/she impose limitations upon the program?

Please list any problems encountered with this student:

Overall evaluation of student’s performance: GOOD____ FAIR____ POOR____

Number of hours completed at your ministry site [48 hours minimum] _________________

Supervisor’s Signature________________________________________________________

Student’s Signature_________________________________________________________

Note: This evaluation will be used if needed in counseling the student regarding his/her ministry and will not effect his/her grade. Use back of sheet for additional comments if necessary. Please go over your evaluation with the student and let the student return this form to our office.