

STUDENT MINISTRY EVALUATION

DATE: _____

NAME OF STUDENT: (Please print) _____

EVALUATOR'S NAME: (Please print) _____

EVALUATOR'S POSITION/TITLE: (Please print) _____

Please complete the following evaluation based on the above named Kuyper College student's performance with you. Your frank and honest feedback will help us in assisting our students more effectively, and in assessing our educational programs. Thank you.

Rating Scale: (circle) 1 (unacceptable) 2 3 4 5 (exceptional)
(Rate only those items that have been observed; leave others blank)

	1	2	3	4	5
Is punctual	1	2	3	4	5
Is well prepared	1	2	3	4	5
Is dependable	1	2	3	4	5
Is organized	1	2	3	4	5
Takes initiative	1	2	3	4	5
Finishes assigned tasks	1	2	3	4	5
Is enthusiastic	1	2	3	4	5
Is humble	1	2	3	4	5
Is cooperative	1	2	3	4	5
Communicates clearly	1	2	3	4	5
Is supportive	1	2	3	4	5
Is teachable	1	2	3	4	5
Is friendly	1	2	3	4	5

STUDENT GOALS

The student has chosen the following goals to accomplish this semester within the scope of your ministry/organization.

- 1.
- 2.
- 3.

In what way (s) did they accomplish each goal? If they did not accomplish their goal, what kept them from accomplishing it?

- 1.
- 2.
- 3.

(OVER)

What do you see as this student's area(s) of strength?

What do you recommend for the student to build their strengths?

For what type of service/vocation do you consider this student best suited? Why?

Do you have any other comments regarding this student and his/her work with you?

Is the caliber of work such that you would desire this student to continue in the same position? ___ yes ___ no

The student was to put in 10 weeks of service to you. How **many weeks** of ministry will the student have fulfilled by the end of the semester? _____

The student was to average 3 hours of service per week. Estimate the **number of hours** of ministry time the student will have put into this assignment each week: _____

How many times have you observed the student so far this semester?

___ 0 ___ 1-2 ___ 3-4 ___ almost every week

How many times have you discussed your observations with the student?

___ 0 ___ 1-2 ___ 3-4 ___ almost every week

Have you discussed this evaluation with the student? ___ yes ___ no

Do we have your permission to share this evaluation with this student? ___ yes ___ no

Other comments: (Please give us feedback as to how the Field Education department or our students could serve you, also how we might make our educational programs at Kuyper College better.)

Signed: _____ Position: _____

Organization: _____ Phone: _____

Thank you for your service to our student(s) and Kuyper College. We bless God for you!
Questions? Call Evan Heerema at (616) 988-3643.

Please return to:

Professor Evan Heerema, Director of Field Education
Kuyper College
3333 E. Beltline, NE
Grand Rapids, MI 49525
Phone: (616) 988-3643; FAX: (616) 988-3607
Email: eheerema@kuyper.edu