

Field Education Confirmation Form WI - 2010

Student's Name: *(last name, first name)* _____ Student's Major: _____

✓ Name of Organization _____

✓ Organization's Address _____ Zip Code _____

Person who will supervise (**Please Print**) _____ Phone _____

✓ **Supervisor's Signature** _____ Date _____

✓ **Supervisor's E-mail Address** _____

✓ (We will be sending your field supervisor an evaluation form, preferably via e-mail. If possible supply us with their e-mail address.)

*Fill in the following areas as thoroughly as possible, **using the other side where necessary**. Be prepared to defend your answers in your meeting with your Academic Advisor and Professor Heerema.*

I. Describe the purpose and specific responsibilities you will have at your Field Education setting.

II. List at least three **S.M.A.R.T.** (specific, measurable, attainable, realistic and time bound) **personal** goals for yourself and your ministry.

✓ One of your goals should reflect your intention to recognize and develop your **leadership style**.

1.

2.

3.

III. What strengths and/or spiritual gifts do you feel God has given to you to help you to achieve each one of these goals?

1.

2.

IV. How do you plan to **develop** the strengths and/or spiritual gifts listed in # III?

1.

2.

V. How do you plan to manage your personal weaknesses, as you now understand them?

VI. What theoretical, classroom and course concepts will be tested and developed throughout this ministry (*use back side of paper or separate sheet of paper*)?

Student's Signature _____ Date _____

Academic Advisor's Signature _____ Date _____

Field Education Director's Approval _____ Date _____