

FOUR-MONTH SUPERVISED MINISTRY EXPERIENCE PROGRAM

SME-5 SUPERVISOR PROGRAM EVALUATION

Supervisor's Name: _____

Supervisor's email: _____

Name of church or organization: _____

Student's name: _____

Thank you for your investment into the life of a student from Kingswood University. Would you take a few more minutes and give us some feedback on the Supervised Ministry Experience itself? Thank you!

To what extent were your expectations of the Supervised Ministry Experience met?

What were the best features of this Supervised Ministry Experience from your viewpoint?

What would you do differently next time?

What did you do in this Supervised Ministry Experience that you would recommend other churches try?

What changes would you suggest we make in the Supervised Ministry Experience Program?

Supervisor's Signature: _____ Date: _____

Return To:

Dr. Stephen Elliott
Director of Supervised Ministry Experience
Kingswood University

26 Western Street, P.O. Box 5125
Sussex, New Brunswick
Canada E4E 5L2

Phone: 506.432.4464
Fax: 506.432.4426
E-mail: elliotts@kingswood.edu

All report files are available on the Kingswood Website or by e-mail for computerized entry and submission.