

HARTFORD SEMINARY
Islamic Chaplaincy Field Education Program
Supervisor Mid-Term Evaluation Form
(3 pages total)

Name of Institution: _____

Mailing Address: _____

Intern Name: _____

Supervisor Title and Name: _____

Supervisor Telephone: _____ **Fax:** _____

Supervisor e-mail: _____

Date internship commenced: _____

Hours completed: _____

Supervisor Please Evaluate Student in the Areas Listed Below

Student's ability to work with the administration on issues related to his/her responsibilities:

Student's effectiveness in handling constituents inquiries/concerns:

Has student demonstrated an interest in and ability to access other institutional resources when he/she has needed more support in serving his/her constituents?

Does student fulfill his/her commitments in terms of number of hours spent with constituents and in other activities?

Any additional comments

Supervisor Signature _____

Date Signed _____