

VIRGINIA THEOLOGICAL SEMINARY, DEPARTMENT OF CONTEXTUAL MINISTRY
SEMINARIAN SELF-EVALUATION- INTENSIVE

Please check to indicate Site Designation and Intensive Term and Length:

☐ PARISH ☐ ORGANIZATION	☐ JAN. TERM, 4-WEEK ☐ SUMMER TERM, 4-WEEK ☐ SUMMER TERM, 8-WEEK
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SITE: _____ **DIOCESE:** _____

CITY: _____ **STATE:** _____

SEMINARIAN: _____ **SITE SUPERVISOR(S):** _____

START AND END DATES: _____ **AVG. TIME PER WEEK ON SITE:** _____

OF INDIVIDUAL SUPERVISORY SESSIONS: _____

- I. Outline the work done during the intensive, and briefly describe progress you made toward each learning goal.

- II. Reflect on your ministry during the intensive with respect to the following:

A. Personal: prayer life, support system, self-care

STRENGTHS	CHALLENGES

B. Proclamation: teaching, preaching, witnessing

STRENGTHS	CHALLENGES

INTENSIVE PAPERS

C. Pastoral Care and Relationships: authenticity and faithfulness

STRENGTHS	CHALLENGES

D. Liturgical leadership and planning/implementation

STRENGTHS	CHALLENGES

E. Site Culture: observing and understanding the community

Example for Parish: particularly weekday culture

STRENGTHS	CHALLENGES

INTENSIVE PAPERS**F. Leadership: style (identity) and practice (behavior)**

STRENGTHS	CHALLENGES

G. Supervision: relationship and process

STRENGTHS	CHALLENGES

H. Job Performance/Administrative Relationships: responsibility, follow-through, and outcome

STRENGTHS	CHALLENGES

II. Based on work done during this intensive, what gifts do you bring to ministry in this context?

III. In what areas do you need/would you like (additional) support, guidance, or growth?

IV. Further remarks:

SEMINARIAN SIGNATURE

DATE

I have read and discussed the above report with the seminarian. My response is:

SUPERVISOR SIGNATURE

DATE

I understand that by typing my name and date on the signature and date lines, I am signing this document electronically, and I agree that my electronic signature has the same legal effect and can be enforced in the same way as a written signature.