|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LPMI SUPERVISED PRACTICUM**  **Final Evaluation Form**  **Pastor / Parish Director** | | | | | | | |
| **Participant**: | |  | | **Sponsor:** | | |  |
| **Pastor/Parish Director:** | | |  | **LPMI Director:** | | |  |
|  | | | | | | | |
| **Directions. Please give frank, complete and useful answers to the following sections.** | | | | | | | |
|  |  | | | | | | |
| **I.** | **Supervised Practicum Contract** | | | | | | |
| A. | To what extent have the components of the supervised practicum contract been achieved? | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| B | Comment on the participant's relational skills: | | | | | | |
| 1. | With parish personnel and other parish ministers? (secretary, liturgist, committee members, etc.) | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 2. | With persons to whom he/she ministers? (parents, sick, elderly, etc.) | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 3. | With you as pastor / parish representative? | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| C. | Describe your involvement in the supervised practicum (e.g., number of meetings, involvement in the actual ministry, written assignments, suggestions made) | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| **II.** | **Assessment of participant as ministerial leader** | | | | | | |
| A. | Evaluate the personality, personal appearance, conduct and attitudes of the participant as minister. | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| B. | What are the participant's dominant skills? Is the participant aware of these human and ministerial strengths? | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| C. | Which human and ministerial skills does the participant need to strengthen? Is the participant aware of these human and ministerial limits? | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| D. | Please note one or two specific personal changes which you have noted in the participant since the beginning of this supervised practicum component. | | | | | | |
|  |  | | | | | | |
|  |  | | | | |  | |
| **III.** | **Program Evaluation** (Use back of this sheet as needed) | | | | | | |
| A. | How would you assess the effectiveness of this program? | | | | | | |
|  |  | | | | | | |
|  |  | | | | |  | |
| B. | Were you sufficiently informed of your role and responsibilities? | | | | | | |
|  |  | | | | | | |
|  |  | | | | |  | |
| C. | What is your assessment of the administration of the program? | | | | | | |
|  |  | | | | | | |
|  |  | | | | |  | |
| D. | Do you have specific recommendations which would benefit future participants? | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| **IV.** | **Recommendation of participant for commissioning** (Why/why not) | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | | | | |  |  | |
| **Pastor / Parish Representative** | | | | |  | **Date** | |
|  | | | | | | | |
| **V.** | **Participant's Response To This Evaluation (if any).** | | | | |  | |
|  |  | | | | | | |
|  | | | | |  |  | |
| **Participant’s Signature** | | | | | | **Date** | |