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

Name of Institution: ______________________________________________________

Mailing Address: _________________________________________________________

Intern Name: ____________________________________________________________

Supervisor Title and Name: ______________________________________________

Intern Telephone: ________________________________________________________

Intern e-mail: ____________________________________________________________

Date internship commenced: ______________________________________________

Hours completed: ________________________________________________________

Student Please Evaluate Yourself in the Areas Listed Below:

1. Your ability to work with the administration on issues related to your responsibilities. Please indicate what has been helpful, as well as areas of concern or ways in which you feel you need more input.
2. Your effectiveness in handling constituents inquiries/concerns.

3. How many opportunities have you had to access other institutional resources when you needed more support in serving your constituents?
4. Were you able to fulfill your commitment in terms of number of hours spent with constituents and in other related activities?

5. Any additional comments

Intern Signature__________________________________________________________

Date Signed_____________________________________________________________