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_____________________________________________________________