

**HARTFORD SEMINARY**  
**Islamic Chaplaincy Field Education Program**  
**Final Supervisor 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** \_\_\_\_\_