

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_____