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_____________________________________________________________