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| **LPMI SUPERVISED PRACTICUM****Final Evaluation Form****Pastor / Parish Director** |
| **Participant**: |  | **Sponsor:** |  |
| **Pastor/Parish Director:** |  | **LPMI Director:** |  |
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| **Directions. Please give frank, complete and useful answers to the following sections.** |
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| **I.**  | **Supervised Practicum Contract** |
| A. | To what extent have the components of the supervised practicum contract been achieved? |
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| B | Comment on the participant's relational skills: |
|  1.  | With parish personnel and other parish ministers? (secretary, liturgist, committee members, etc.) |
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|  2.  | With persons to whom he/she ministers? (parents, sick, elderly, etc.) |
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|  3.  | With you as pastor / parish representative? |
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| C. | Describe your involvement in the supervised practicum (e.g., number of meetings, involvement in the actual ministry, written assignments, suggestions made) |
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| **II.**  | **Assessment of participant as ministerial leader** |
| A. | Evaluate the personality, personal appearance, conduct and attitudes of the participant as minister. |
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| B. | What are the participant's dominant skills? Is the participant aware of these human and ministerial strengths? |
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| C. | Which human and ministerial skills does the participant need to strengthen? Is the participant aware of these human and ministerial limits? |
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| D. | Please note one or two specific personal changes which you have noted in the participant since the beginning of this supervised practicum component. |
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| **III.**  | **Program Evaluation** (Use back of this sheet as needed) |
| A. | How would you assess the effectiveness of this program? |
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| B. | Were you sufficiently informed of your role and responsibilities? |
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| C. | What is your assessment of the administration of the program? |
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| D. | Do you have specific recommendations which would benefit future participants? |
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| **IV.**  | **Recommendation of participant for commissioning** (Why/why not)  |
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| **Pastor / Parish Representative** |  | **Date** |
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| **V.**  | **Participant's Response To This Evaluation (if any).** |  |
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| **Participant’s Signature** | **Date** |