



# NEW ENGLAND BIBLE COLLEGE

## CHRISTIAN SERVICE FORM SELF EVALUATION

NAME: \_\_\_\_\_ I.D.# \_\_\_\_\_

SEMESTER and YEAR \_\_\_\_\_

Please answer all the questions as fully and thoughtfully as possible. Return this form to the Director of Christian Service before the end of the semester. This evaluation will be part of your permanent file and will be used, along with other reports, by the Academic Dean in evaluating your Christian Service ministry.

1. Has this Christian Service ministry contributed to your spiritual growth and development? Explain.
2. How faithful were you in fulfilling the requirements of this ministry? Explain.
3. What did you learn from this ministry?
4. Was the supervisor adequate or inadequate? Explain.
5. Please assess your personal strengths and weaknesses discovered through this ministry:
6. Would you recommend this ministry to other students? Why or why not?

Date: \_\_\_\_\_ Signature of student: \_\_\_\_\_