



NEW ENGLAND BIBLE COLLEGE

CHRISTIAN SERVICE MID-SEMESTER SELF EVALUATION

NAME:

I.D.#

SEM/YR

Please complete these questions as completely and thoughtfully as possible. Take this form and meet briefly with your supervisor to discuss your ministry. Return this form to the Administration Office by the third week in October (fall semester) or the second week in March (spring semester). This evaluation will be used along with other reports by the Academic Dean in evaluating your Christian Service ministry. We suggest you retain a copy of this evaluation to assist you with your final self-evaluation.

1. How is this Christian Service ministry contributing to your spiritual, intellectual and personal growth and development?
2. How are you fulfilling the requirements of this ministry?
3. What fruit have you seen result from this ministry?
4. Give at least one example of helpful input/oversight from your supervisor
5. What personal strengths and weaknesses have you identified through this ministry?
6. Do you need assistance from the Christian Service Director to address any issues in your ministry?

Signature of student:

Date:

Signature of supervisor

Date:
