



CAMPUS MINISTRIES DEPARTMENT
MENTOR'S SEMESTER END EVALUATION FORM

YOUR NAME:

DATE:

STUDENT NAME:

ORGANIZATION:

MINISTRY:

Thank you for allowing our student to work with you this past semester. Please complete the following evaluation on behalf of this student and email to jspooner@gbcol.edu. This completed form is necessary for graduation and counts as a graded item in specific classes. If you have any questions, concerns, or comments, please contact me by phone at (616) 261-2694 or via e-mail at jspooner@gbcol.edu
In Him,
John Spooner, Director of Campus Ministries

- DID THE STUDENT MEET THE MINIMUM COMMITMENT REQUIREMENT OF AT LEAST ONE (1) HOUR PER WEEK FOR 12 WEEKS?
YES _____
NO _____
IF NOT, HOW MANY WEEKS WAS THE STUDENT INVOLVED IN THIS SERVICE? _____

- Number of times you have been able to meet with the student regarding the ministry:
INDIVIDUALLY: _____ AS A GROUP: _____ AVERAGE LENGTH OF MEETING: _____

PLEASE RATE THE STUDENT PERFORMANCE IN THE FOLLOWING AREAS:

Table with 4 columns: FUNCTIONAL ASSETS, BELOW EXPECTATION, MET EXPECTATION, ABOVE EXPECTATION. Rows include: QUALITY OF PREPARATION, DEPENDABILITY, SKILLS FOR THE MINISTRY, HEART FOR THE WORK, PERSEVERANCE.

Table with 4 columns: RELATIONAL SKILLS, BELOW EXPECTATION, MET EXPECTATION, ABOVE EXPECTATION. Rows include: ABILITY TO COMMUNICATE, RELATIONSHIP WITH YOU, RESPONSIVENESS TO AUTHORITY, TEACHABLE DISPOSITION, ABILITY TO WORK WITH OTHERS.



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PLEASE GIVE AFFIRMATION, SUGGESTIONS FOR IMPROVEMENT OR EXPRESS CONCERN REGARDING THIS STUDENT:

SIGNATURE _____ **DATE** _____
(TYPE NAME IF SUBMITTING ELECTRONICALLY)

Thank you for your time. We appreciate your willingness to work with Grace Bible College students. Thank you for taking the time to give this feedback to the student. Please do not hesitate to contact us with questions, concerns or comments.