• 2559 E Euclid Ave • Des Moines, Iowa 50317 • Telephone: (515) 289-9200 • Fax: (515) 289-9201 • Email: inste@inste.org



## **Evaluation of the Student by Ministry Mentor**

Diploma/Advanced Certificate Program

Student:			Student ID#:	Date:
Ministry Mentor:		or:	Church:	
Course:			Course ID#:	
competo evaluate The last that are After co	ency in e the s categ not in mpleti	n each area in which you wor tudent's progress in that are ory, Student Goals, has to do the list of competencies in E	o with the specific goals that the student of Beyond Academics. with the student and sign it. <b>This form w</b> i	ing this course. In column two,
	#	Competency	Mentor's Evaluation	of Progress
Spiritual Formation				
Ministry Formation				
Strategic Formation				
St. For				
Student Goals				
Check th		·	vith the emerging leader or minister this	
	ıme M	anagement   Character A	sssessment	☐ Strategic Assessment

General Evaluation of the Student:
Date of Review:
Student's Signature:
Mentor's Signature:
<b>Group Leader:</b> If the student withdrew, please complete the following:
Date of Withdrawal:
Reason for Withdrawal:
Will he/she continue onto the next semester/course: □ Yes □ No
If possible, have the student who withdraws fill out a Student Evaluation Form.