



**SOUTHEAST MICHIGAN SYNOD
EVANGELICAL LUTHERAN CHURCH IN AMERICA**

LLM Internship Evaluation

Please Print

This is a: ___Midpoint Evaluation ___Final Evaluation

Beginning / Ending Dates of this Internship are: _____ to _____

Intern Name: _____ Today's Date _____

Supervisor's Name _____ Phone: _____

If you need more space in answering the statements below, please use Section E on page 2.

Please discuss these questions together to encourage, challenge or nurture the intern as a leader of our church.

A. Duties / Responsibilities during this Internship Period:

B. Proficiency in Ministry (Relative Strengths and Weaknesses):

C. Person Issues (Overall Readiness to Serve, Areas Where Growth is Needed):



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Internship Evaluation for _____

D. Reflection on Internship Process (Length, Opportunities to Learn, Sufficiency of Guidance, etc.):

E. Other Issues?

Intern _____
(Signature)

(Date)

Supervising Pastor _____
(Signature)

(Date)

Email forms and/or direct questions to r.mccants@semisynod.com or mail to
Licensed Lay Ministry, Southeast Michigan Synod, 4800 Woodward Avenue, Detroit, MI 48201