



SOUTHEAST MICHIGAN SYNOD
EVANGELICAL LUTHERAN CHURCH IN AMERICA

LLM Student Assessment by Instructor

Course _____ Instructor _____

Dates sessions held _____

Name of Student Participant _____

Attendance Sessions: One ___ Two ___ Three ___ Four ___ Five ___

Was coursework completed satisfactorily? Yes ___ No ___

Did student demonstrate basic knowledge of material presented? Yes ___ No ___

Other Comments on the level of engagement and participation:

Comments on class participation, personal strengths or limitations, areas of growth needed, or other concerns (i.e. noticing particular challenges that would limit this student's leadership as a LLM for the SE MI Synod):

Date _____

Signed: _____
Instructor

Director questions or concerns and/or return this form to r.mccants@semisynod.com