

## STUDENT'S GROWTH GOALS/ASSESSMENT

*\*A copy of this assessment form must be submitted to the Director of Student Ministries no later than the end of the **second** week of the first quarter. This assessment form is due to the Director of Student Ministries no later than **one** week before the end of the spring quarter.*

Student (print): \_\_\_\_\_

Ministry Name: \_\_\_\_\_

Ministry Address: \_\_\_\_\_

Supervising Pastor/Leader: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student completes this at <b>beginning</b> of first quarter.	Supervising pastor/leader completes this at the <b>end</b> of the last quarter.
<u>Personal Spiritual Goals:</u>  1.  2.  3.  4.	<u>Assessment:</u>  1.  2.  3.  4.
<u>Professional Ministry Goals:</u>  1.  2.  3.  4.	<u>Assessment:</u>  1.  2.  3.  4.  Additional comments welcome on back

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_