**Internship Committee’s Evaluation**

**PLTS-TEEM Internship Evaluation**

Check one

**\_\_\_\_\_\_\_ Mid-year**

**\_\_\_\_\_\_\_ Final**

Submit to: TEEM Program

Pacific Lutheran Theological Seminary   
2000 Center Street, Suite 200 Berkeley, CA 94704  
1-800-235-PLTS Fax: 510-559-2712

Email: [teem@plts.edu](mailto:teem@plts.edu)

Name of Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please *describe in some detail* in what ways the intern has/has not fulfilled the goals of the internship:**

**Share your impressions of the intern’s ability to provide the necessary pastoral leadership in the following areas:**

*Worship Leadership and Preaching*

*Teaching*

*Counseling*

*Outreach/evangelism*

*Community Involvement*

*Administration*

**Comment on the intern’s relational skills:**

**How often did the Committee meet with the intern?**

\_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly\_\_\_\_\_ Monthly \_\_\_\_\_ Every six weeks

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Committee Chair

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern