FINAL ASSESSMENT

*Master of Arts in Ministry – Saint John’s Seminary*

Rev. Edward M. Riley, Director of Pastoral Formation

Phone: 617-746-5425

E-mail: ellen.oesterle@sjs.edu (MAM/MTS Administrative Assistant)

Due: Friday, May 7th, 2021

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Part I. Student

*Please circle the number that best reflects the student’s performance in the area:*

*(5=Exceptional, 4=Significant Strength, 3=Proficient, 2=Needs Improvement, 1=Deficient*)

*Please consider ‘3’ as normative for satisfactorily meeting all of the expectations.*

*A ‘5’ or less than ‘3’ should be sure to have an explanation in Part II.*

1. Quality of participation in self-assessment through supervision..........................5 4 3 2 1

2. Collaboration with peers in pastoral task..............................................................5 4 3 2 1

3. Ability to make suitable judgments related to the pastoral task...........................5 4 3 2 1

4. Ability to balance personal life with ministerial responsibilities ........................5 4 3 2 1

5. Ability to understand and embrace the pastoral tasks...........................................5 4 3 2 1

6. Capacity to work within the limitations of this particular ecclesial setting..........5 4 3 2 1

7. Capacity to work with people of different ecclesial perspectives. ........................5 4 3 2 1

Part II. Student

Using the information reflected upon in Part I, please discuss your growth relative to your learning objectives, as well as your future goals in the four areas of formation outlined in *Christifideles Laici.*  *(Human, Intellectual, Spiritual and Pastoral*)

(continued on next page)

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Part III. Supervisor: *Please circle the number that best reflects the student’s performance in the area:*

*5=Exceptional, 4=Significant Strength, 3=Proficient, 2=Needs Improvement, 1=Deficient*. *Please consider ‘3’ as normative for satisfactorily meeting all of the expectations. A ‘5’ or less than ‘3’ should have an explanation below.*

1. Quality of participation in self-assessment through supervision..........................5 4 3 2 1

2. Collaboration with peers in pastoral task..............................................................5 4 3 2 1

3. Ability to make suitable judgments related to the pastoral task...........................5 4 3 2 1

4. Ability to balance personal life with ministerial responsibilities ........................5 4 3 2 1

5. Ability to understand and embrace the pastoral tasks...........................................5 4 3 2 1

6. Capacity to work within the limitations of this particular ecclesial setting..........5 4 3 2 1

7. Capacity to work with people of different ecclesial perspectives. ........................5 4 3 2 1

*In light of the discussion with the student and their final self-assessment, please comment on the student’s progress indicating areas of commendation and/or recommendation, the supervisory process, and the effectiveness of the pastoral site itself.*

Part IV. Supervisor: *Any additional comments that would be helpful for the student and MAM Program to know.*

Please check one:

€ Exceeds Expectations

€ Meets Expectations

€ Does Not Meet Expectations

Initials of Supervisor that student has completed 100 hours of Field Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please sign below.*

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

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Pastoral Formation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*You may complete this form digitally and then print it for signatures and completion.)*