### Please read these instructions before you proceed!

## Instructions for filling out this form

This is a fillable PDF form. You will need either Adobe Acrobat or Adobe Reader to complete and save this form. Adobe Reader may be downloaded for free at <a href="http://get.adobe.com/reader">http://get.adobe.com/reader</a>.

#### **USE ONLY ADOBE READER**

Please do **not** complete this form using other PDF readers than Adobe Reader. Please don't complete this form using Apple Preview. If you use Preview, some features such as saving your completed document may be unavailable, or responses won't be visible when they are submitted. Use Adobe Reader; this free application may be downloaded at <a href="http://get.adobe.com/reader">http://get.adobe.com/reader</a>.

#### USE THE MOST RECENT VERSION OF ADOBE READER

While we attempt to make forms backward compatible, for the best results, use the most recent version of Adobe Reader, available for free download at http://get.adobe.com/reader.

#### DO NOT COMPLETE THIS FORM FROM WITHIN A BROWSER

Do **not** complete this form within a web browser. If you are viewing this form from within a web browser, please go back to the original document link and save the PDF file to your computer. To do this with a PC, right-click on the document link and select either "Save Target As" or "Save Link As" and save. On a Mac, use Command-Click to save locally. If you try to complete this form from within a browser, some features such as saving your completed document may be unavailable. If after saving the file on your hard disk, you click to open the document and it *still* opens in a browser, you may have to open Adobe Reader as your first step, and then browse your hard disk to find the form file to open.

#### FILLING IN THE FORM

This form can be filled out and saved for later editing, printing, or emailing. To fill out this form, position your cursor within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work. The first time you may prompted to save with a different file name; you may name your file anything you want. If you include your name in the file name, that will make it easier to identify your file among other submissions. To ensure success, fill out a small portion of the form, save and exit. Open the form again and verify that your entries were saved.

#### STILL HAVING TROUBLE FILLING OUT AND SAVING THIS FORM?

If you are still having trouble completing and saving this form, please contact the churchwide unit responsible for the form.



# WORD AND SERVICE INTERNSHIP CHECK-IN INTERN

Name	of Intern:		
	ary:		
Date o	f Internship – From: To:		
Name	of Congregation:		
Name	of Congregation Supervisor:		
Addre	ss:		
Hours	per (week/month)		
Name	of Organization (if applicable):		
Name	of Organization Supervisor (if applicable):		
Addre	ss (if applicable):		
Hours	per (week/month)		
SUPER 1.	VISION  How many times did you and your supervisor meet during this period to discuss the internship and ministry		
1,	concerns?		
2.	How many times did you and the internship committee meet?		
3.	3. What are the areas of discussion with your supervisor and committee have you found the most insightful and why?		

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PROFESSIONAL AND PERSONAL GOALS	
ROFESSIONAL AND PERSONAL GOALS	
1. State the goals of the internship as you perceive them?	
2. Have those goals changed? If so, how and/or why?	
EFLECTION ON MINISTRY	
1. State the major areas of service.	

2. In which of these areas have yo	In which of these areas have you shown greatest competency?		
3. In which of these areas is there	special need for experience and growth?		
4. What plans are anticipated to a	assist your growth and experience throughout the remainder of the internship?		
5. At this point in the internship,	what else would you want the contextual education office to know?		
5. At this point in the internship,	what else would you want the contextual education office to know:		
tern Signature:	Date:		
ommittee/Supervisor Signature:	Date:		