

**INTERN FIRST REPORT FORM**

(To be completed by Intern and submitted upon Supervisor visit and reviewed with Mentor)

Name of Intern

Congregation, Location

I. Directions: Please choose the number that captures your present assessment of yourself: 1 indicates you feel pleased, satisfied about what's happening in the area, while 6 indicates displeasure, dissatisfaction. If you are not working in the area listed, choose "n/a" not applicable. Please add other areas not listed. In the column to the left: more = more than 10 hours a month; 10 = approximately 10 hours a month; less = less than 10 hours a month; N = none to depict amount of time spent.

<u>Time</u>	<u>Area</u>		<u>Comments</u>
	1. Bible Class Teaching		
	2. Recruiting Volunteers		
	3. Training (teachers, volunteers, etc.)		
	4. Mid-Week School		
	5. Sunday School		
	6. Youth Group (s)		
	7. Cong. Board/Voters		
	8. Worship		
	9. Calling/Visitation		
	10. Preparation (class, mtgs.)		
	11. Professional Meetings		
	12. Counseling		
	13. Choir, Organ		
	14. Staff Meetings		
	15. Office Administration		
	16. Evangelism		
	17. Confirmation		
	18.		
	19.		
	20.		

II. Learning worth noting these past three months:

III. Issues/Concerns needing discussion with University Supervisor:

IV. Present feelings/thoughts about Mentor:

V. Call procedures/Placement concerns:

VI. Other experiences, thoughts, feelings worth sharing:

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date