

REDU 4210-4211 DCE Seminar and Practicum I & II

CONCORDIA UNIVERSITY TEXAS

LEADERSHIP FORM

Name _____ Date of Report _____

Church _____ Type of Activity _____

General Description of Activity: (who, what, location, time, # involved, etc.)

Primary Goals of Event/Class: (what are your key learning outcomes?)

Outline of Activity/Class: (what was your plan, list key steps, or attach an outline)

Evaluation of Event: (objective description of the event/class)

Summary of Learning: (What would you do the same/different? What key learnings/insights about ministry did you gain from leading this event? Use back of form if necessary)

Signature of Event Supervisor: _____