

STUDENT MINISTERIAL PRACTICUM REPORT

Ministerial Practicum · 25% of practicum grade

STUDENT INFORMATION

STUDENT NAME	EMAIL	PHONE
PROGRAM YEAR	MAJOR (4TH YEAR)	ACADEMIC TERM
MINISTRY / CHURCH SITE	SUPERVISOR NAME	TOTAL HOURS SERVED

DESCRIPTION OF SERVICE

DESCRIBE THE MINISTRY ASSIGNMENTS YOU CARRIED OUT DURING THIS PRACTICUM.

SPIRITUAL GROWTH

HOW HAS THIS SERVICE SHAPED YOUR WALK WITH CHRIST AND YOUR UNDERSTANDING OF MINISTRY?

CHALLENGES & LESSONS LEARNED

WHAT DIFFICULTIES DID YOU ENCOUNTER, AND HOW DID YOU RESPOND BIBLICALLY?

GOALS GOING FORWARD

WHAT WILL YOU DO DIFFERENTLY IN YOUR NEXT SEASON OF MINISTRY SERVICE?

CERTIFICATION & SIGNATURES

I certify that the information recorded on this form is true and accurate to the best of my knowledge.

PRINTED NAME	SIGNATURE	DATE