



Field Mentor Monthly Report for October - Year: ____

Student ID #:

Student Name:

Field Mentor:

1. Meeting Times This Month

	Date	How Long?
Week 1		hours
Week 2		hours
Week 3		hours
Week 4		hours

2. Ministry Competency focus and discussion for this month

3. Areas discussed initiated by the student

• Wk 1	
• Wk 2	
• Wk 3	
• Wk 4	

4. Areas related to the student's professional/personal growth or Covenant progress discussed

• Wk 1	
• Wk 2	
• Wk 3	
• Wk 4	

5. Student Progress Chart

Rate student progress in areas listed by checking the box. <i>*Needs Attention requires specific details in the comments section.</i>			
	Needs Attention*	Normal Progress	Substantial Progress
Spiritual/personal growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry skills development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to listen and accept feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of issues he/she needs to be working on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress toward Covenant of Learning goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Comments

SIGNATURE AND DATE

Field Mentor: _____ **Date:** _____
Your digital signature indicates that you have discussed this report with the student.