



Spiritual Formation Mentor Report for Aug/Sep - Year: ____

Student ID #:

Student Name:

Spiritual Formation Mentor:

1. Areas discussed initiated by the student.

2. Areas discussed related to the development of the student’s spiritual goals for the Covenant of Learning.

3. Areas discussed related to the student’s spiritual growth, spiritual disciplines, spiritual leadership, etc.

4. Student Progress Chart

Please rate the student’s progress during the past month in the areas listed below by clicking or checking the box. <i>*If you mark “Needs Attention,” please give specific details in the “Comments” section below.</i>			
	Needs Attention*	Normal Progress	Substantial Progress
Spiritual growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal growth	<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 spiritual goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Comments

SIGNATURE AND DATE

Spiritual Formation Mentor: _____ Date: _____

Your digital signature indicates that you have discussed this report with the student.