



**FINAL ASSESSMENT**

*Master of Arts in Ministry – Saint John's Seminary*  
**Rev. Frank Silva, Coordinator of Pastoral Formation**

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**Due: Friday, May 8th, 2026**

**Student:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Placement:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part I. FOR THE Student**

ON REVIEWING YOUR LEARNING PLAN AND PROGRESS REPORT, IN WHAT AREAS OF PASTORAL FORMATION HAVE YOU REALIZED PERSONAL GROWTH? (PLEASE LIMIT YOUR RESPONSE TO 500 WORDS OR LESS.)

**Part II. Supervisor:** *Please circle the number that best reflects the student’s performance in the area:  
5=Exceptional, 4=Significant Strength, 3=Proficient, 2=Needs Improvement, 1=Deficient. Please consider ‘3’ as  
normative for satisfactorily meeting all of the expectations. A ‘5’ or less than ‘3’ should have an explanation below.*

	5	4	3	2	1
1. Quality of participation in self-assessment through supervision.....	5	4	3	2	1
2. Collaboration with peers in ministerial task.....	5	4	3	2	1
3. Ability to make suitable judgments related to the ministerial task.....	5	4	3	2	1
4. Ability to balance personal life with ministerial responsibilities .....	5	4	3	2	1
5. Ability to understand and embrace the ministerial tasks.....	5	4	3	2	1
6. Capacity to work within the limitations of this particular pastoral setting.....	5	4	3	2	1
7. Capacity to work with people of different pastoral perspectives. ....	5	4	3	2	1

*In light of the discussion with the student and their final self-assessment, please comment on the student’s progress indicating areas of commendation and/or recommendation, the supervisory process, and the effectiveness of the field education site itself. PLEASE INCLUDE: Any additional comments that would be helpful to the student and M.A.M. Program.*

**Please check one:**

- ☐ Exceeds Expectations
- ☐ Meets Expectations
- ☐ Does Not Meet Expectations

**Initials of Supervisor** that student has completed 100 hours of Field Education: \_\_\_\_\_  
*Please sign below.*

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coordinator of Pastoral Formation:** \_\_\_\_\_ **Date:** \_\_\_\_\_