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**FINAL ASSESSMENT**

 ***Master of Arts in Ministry – Saint John’s Seminary***

**Rev. Frank Silva, Coordinator of Pastoral Formation**

**Phone: 617-746-5425**

 **E-mail:** **ellen.oesterle@sjs.edu** **(Administrator of The Theological Institute)**

 **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.)

(continued on next page)

**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.*

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