****

**LEARNING PLAN**

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

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

**Phone: 617.746.5425**

 **Due: Friday, September 19th, 2025**

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

**Name of M.A.M. Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**M.A.M. Student email/telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pastoral Placement: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Supervisor’s e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **FOR THE M.A.M. Student:**
	1. **DESCRIBE WHY YOU SELECTED THIS PARTICULAR PASTORAL PLACEMENT:**

* 1. **IDENTIFY SEVERAL LEARNING GOALS YOU BELIEVE THIS PLACEMENT WILL ASSIST IN YOUR PASTORAL FORMATION.**

* 1. **WHY ARE THE PASTORAL GOALS YOU DEFINED OF SIGNIFICANCE TO YOU?**

 (continued on next page)

1. **FOR THE Supervisor:**

*A Supervisory conference should be held bi-weekly during the internship. Each session should be approximately forty-five minutes.*

* 1. **IDENTIFY THE RESPONSIBILITIES (PROGRAMS, DUTIES, AND TASKS) YOU EXPECT THE M.A.M. STUDENT TO PERFORM/EXPERIENCE DURING THE ASSISGNMENT.**

* 1. **ARE THERE ADDITIONAL LEARNING GOALS THE M.A.M. STUDENT WOULD BE ADVISED TO CONSIDER IN THIS ASSIGNMENT?**

1. **Time Outline:**

Simply note the day(s) and hours the student is on site engaging in pastoral work.

**M.A.M. Student and Supervisor should complete this** *Learning Plan* **collaboratively and sign below.**

**M.A.M. Student:** **Date:**

**Supervisor:** **Date:**

**Coordinator of Pastoral Formation: Date:**