



Dear Internship Supervisor:

Thank you for considering supervision of our student as part of their ___1stYear ___ 2nd Year 10-hour Internship for the *Lay Ecclesial Ministry Program, Diocese of Orlando* a three year process of education and formation in theology, ministerial skills, spiritual enrichment and practical application. This internship is limited in scope so as not to overload already busy schedules.

Enclosed you will find some helpful information that should help clarify with the student the important role of an internship supervisor. We invite you to discuss with the student a possible goal and some objectives that would allow for the satisfactory completion of this requirement and the completion of the Supervisor & Self-Evaluation Forms which the student needs to submit to our office. If you have any questions or would like to further discuss your valued participation in this formation process, **please call us at 407-671-6322 extension 222.**

Thank you once again for your willingness to collaborate with this student in meeting academic requirements and providing the enriching learning experiences that will surely contribute to our program's formational goals.

Sincerely in Christ,

Dr. Carol Stanton,
LEMCo-Director

Fr. Ben Berinti,
LEMCo-Director

Lay Ecclesial Ministry Program Internship – Supervisor/Student Responsibilities

The internship process seeks to engage students in an enriching ministerial experience that broadens their scope of lay ministry within their parish and in the larger community.

Student

- Reviews and become familiar with all forms, including letter to Internship Supervisor, Goal and Objectives, Supervisor Evaluation, and Student's Self-Evaluation forms. Contact potential ministry internship supervisor by **October 30**.
- Discuss and write a preliminary goal with supervisor selected that allows for new ministry learning. Goal and objectives should be clear, manageable.
- Submit to Class Facilitator copy of draft of Goal and Objectives form for review with Director and proceed with internship once approved and form returned.
- Student shares progress with class facilitator.
- At completion of 10-hour internship, student prayerfully reflects on experience and completes Student Self-Evaluation form.
- All forms, including the Goal and Objectives Form, are submitted to Class Facilitator.

Once reviewed and signed by Director, forms are returned to student for their portfolio

Supervisor

- Works with student in naming a clear learning goal and how the goal will be reached (see Student Goal and Objectives form).
- Oversees the experience directly related to the internship.
- Supports and coaches the student towards completion of the goal and objectives, observing and providing student with constructive feedback and guidance throughout the process.
- Helps the student stay focused and not to overextend beyond the 10-hours.
- Prayerfully reflects on the students performance and completes and signs Supervisor Evaluation form
- Meets with student and shares observations on outcome of internship and evaluation of performance.
- Returns the Supervisor Evaluation form in self-addressed, sealed envelope to student who, in turn, will submit to class facilitator with all other internship forms.

**Supervised Ministry Internship
Student Goal and Objectives**

____ 1st Year Internship

____ 2nd Year Internship

Name: _____ Date: _____
Parish: _____ Student's Primary Ministry _____
Internship Supervisor: _____ Position _____
Internship Ministry/Agency _____ Location _____
Reason for choosing this Supervisor: _____
Reason for choosing this ministry internship _____

A. **Learning Goal** - After reflecting on my personal growth needs in ministry and in consultation with my supervisor, I hope to achieve the following goal:

B. **Major Objectives** - In order to achieve this goal I will:

1. _____

2. _____

3. _____

C. **Action Plan**

To accomplish these objectives I will work using the following steps and schedule for completion:

1. _____

2. _____

3. _____

Student _____	Date _____
Internship Supervisor _____	Date _____
Reviewed by Class Facilitator _____	Date _____
Approved by Program Director _____	Date _____

**Student Self-Evaluation
Supervised Ministry Internship**

_____ 1s Year Internship

_____ 2nd Year Internship

Student _____ Date _____

Internship Supervisor _____ Position _____

Ministry/Agency _____

Internship took place from (month) _____, 20__ to (month) _____, 20__.

I achieved the learning goal for this internship by:

I did not achieve the learning goal for this internship because:

My supervisory relationship was positive and helpful _____ Yes _____ No

because _____

In addition to achieving my learning goal, I also learned that this ministry _____

I learned that as a minister, I _____

I learned that some of my strengths in this ministry are _____

I learned that I need further growth and improvement in _____

If I had to do this internship again, one thing I would change is _____

I have shared my evaluation of this internship with supervisor _____ Yes _____ No

because _____

Student Signature _____ Date _____

Class Facilitator _____ Date _____

Program Director _____ Date _____

**Supervisor Evaluation
Supervised Ministry Internship**

____ 1s Year Internship

____ 2nd Year Internship

Student _____ Date _____

Internship Supervisor _____ Position _____

Ministry/Agency _____

Internship took place from (month) _____, 20__ to (month) _____, 20__.

As supervisor of this internship, I can attest that:

I aided the student to establish realistic and appropriate learning goal _____ Yes _____ No

I observed the student attempt to achieve this goal _____ Yes _____ No

In my opinion, the student was successful in meeting the goal & objectives _____ Yes _____ No

Student initiated & maintained a positive and helpful working relationship _____ Yes _____ No

The factors that led to the student's success (or failure) were

The ministry student demonstrated the following three gifts & strengths in ministry _____

The ministry student would benefit from continued growth in these three areas _____

If I were to supervise another student for ministry internship formation, I would

I have discussed this evaluation with student _____ Yes _____ No

Supervisor Signature _____ Date: _____