

Student Mentoring Report: October (Report due Nov. 7)

PLEASE FILL OUT THE SPIRITUAL GIFTS EVALUATION FORM FOUND ON THE MENTOR SCHEDULE FOR OCTOBER BEFORE FILLING OUT THIS FORM

Date		
Month Day Y	'ear	
Name		
First Name	Last Name	
Mentor's Nam	ne	
First Name	Last Name	
Your Church's Name/ Ministry Organization		
Assigned Min	iistry responsibilities:	
Number of ho	ours invested in ministry assignment per week (including Preparation)	



1. Describe your personal time with the Lord.
What has He been saying to you this month?
2. Are you caught up on all the assigned scripture reading? YES NO
What have you been able to gain from consistent times in the Word?
What are some observations that have been most helpful or challenging to you as you have been reading?



3. Are there specific things that you have learned from your ministry assignment about yourself and others?
4. What gits do you believe the Lord has given you?
Have you become more aware of this?
Have you experienced any confirmation of these gifts? YES NO
How?



5. What is something that you have discovered about your gifts?
6. Share something that you have gained from your reading in the New Testament?
7. What has been an area of challenger for you in the classes, your mentoring relationship, or your
course studies?
Why has it has a shallower?
Why has it been a challenge?
8. How many times have you met with your ministry mentor this month to get feedback and direction for your ministry?
Have you found these times together helpful? YES
NO



Why?

9. additional comments or suggestions?

