



Alberta Bible College

Spring Ministry Experience

Team Assessment (student leader)

Date MM/DD/YYYY Student _____

Completed by _____

Overview of Performance

Objectives

Achievements (relating to above objectives)

Assessment of Key Behaviors

	Excellent	Competent	Below Average
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other observations

Has this performance appraisal been reviewed with the student Yes No