

Session Assessment of Intern
Presbytery of the Mississippi Valley

*This report is to be completed for each intern and submitted to the credentials committee annually in **November** (see Schedule on page 5 of Introduction).*

Candidate's Name: _____

To the Clerk of the Session,

The Credentials Committee of the Presbytery of the Mississippi Valley requests your help in the oversight of the above candidate.

1. What has the Session observed to be the strengths of the intern?

2. What has the Session observed to be areas the intern could work to improve?

3. Do you have any other comments concerning the intern?

Your Name: _____

Date: _____

Church Name: _____

Address: _____

Email: _____

Please return this completed form electronically to the credentials assistant: pmvcredentials@gmail.com