

CAPE TOWN BAPTIST SEMINARY

Tel. (021) 637 9020/1 FAX (021) 633 2626

EXTERNAL STUDIES PROGRAMME - EVALUATION FORM

This form must be completed by the tutor for every completed credit and sent to:

The Director of External Studies

Cape Town Baptist Seminary

P.O. Box 38473

Gatesville, 7766

or

Email: extdir@ctbs.org.za

Student: _____ **Tutor:** _____

Association: _____ **Date Completed:** _____

Subject: _____ **Evaluation:** _____%

Mark the appropriate box with an **X** and write any comments that you want to make about the students understanding of the subject. Use reverse side if you need more space.

1. How many of the weekly meetings did the student attend?

Missed 3 Missed 2 Missed 1 Attended all

Comments _____

2. Has the student read the assigned work? Yes No

3. Did he/she complete the learning activities for all the lessons?

Never Occasionally Regularly Always

Comments _____

Did he/she complete the home study exercise (Level1) after each lesson?

Never Occasionally Regularly Always

Comments _____

5. How would you describe the student's participation during your meetings?

No participation Quiet Good Active

Comments _____

6. Describe the student's understanding of the concepts and contents of the subject.

Poor Needs more work Average Good

Comments _____

7. Is the student able to apply the truths of this course to the practical ministry?

No Uncertain Needs experience Yes

Comments _____

8. Have you seen any development in the student's knowledge and approach as a result of this subject?

None Not enough Good progress Outstanding growth

Comments _____

9. Give your evaluation of the student for this subject.

Must repeat Average Good Excellent

Comments _____

10. Other comments about the student and this subject.

Signed _____

Date _____