

LIFE Experience/Group
PT100A/B; 200A/B; 300A/B; 400A/B

EVALUATION

STEP **2** of 2

Student Name: _____

Date: _____

READ THIS! This evaluation must be filled out completely and accurately by the LIFE Group leader or supervisor and then submitted directly to the Student Life Dept. The purpose of this evaluation is to better evaluate each student's participation and growth in the following areas:

SUPERVISOR INFORMATION

Name: _____

Phone: _____

LIFE GROUP PARTICIPATION

Please comment on the student's participation in your group (including number of unexcused absences):

CHURCH PARTICIPATION

Please comment on the student's participation in their local church (including number of unexcused absences):

DEVOTIONAL LIFE / ATTITUDE

Please comment on the student's devotional life and overall attitude:

STUDENT EVENT PARTICIPATION

Please comment on the student's participation in PLBC student events (i.e. Chapels, etc.) (including number of unexcused absences).

SUPERVISOR DECLARATION

The above information is true and accurate to the best of my knowledge.

Based on the requirements as outline in the LIFE Experience Syllabus (see back for details) this student is to receive the following grade (circle one):

PASS OR FAIL

Signature: _____

Date: _____

SIGN AND SUBMIT DIRECTLY TO THE STUDENT LIFE DEPT. (FAX: 604-597-9090)