

UNIVERSITY OF ST. MICHAEL'S COLLEGE
Office of Pastoral Formation
Faculty of Theology
81 St. Mary Street
Toronto, Ontario, Canada M5S 1J4

PASTORAL SKILLS DEVELOPMENT EXPERIENCES FORM

NAME: _____ DATE: _____

EMAIL: _____ PHONE: _____

NAME OF PASTORAL SKILLS DEVELOPMENT EXPERIENCE (Attach brochure if one is available.)

PLACE CONDUCTED

LEADER OF THE LEARNING EXPERIENCE

DATE(S): From _____ to _____: TOTAL NUMBER OF HOURS ____

NOTE: For the sections below, please attach additional sheets if needed.

STUDENT'S LEARNING GOALS (to be stated before the PSDE begins)

STUDENT'S SELF-EVALUATION (to be completed after the PSDE is finished and use as much space as needed)

1) In what ways did this experience fulfill the goals you identified for this PSDE?

2) What did you learn that assists your personal, spiritual, and pastoral integration?

3) What are some next steps for you relative to acquiring other pastoral skills?

OVERALL EVALUATION: Excellent Satisfactory Unsatisfactory

CERTIFICATE OF COMPLETION and/or LEADER'S SIGNATURE:

Certificate received and attached.

Leader's Signature: _____

STUDENT'S SIGNATURE _____ DATE: _____