

# FORM 3-Dean's Internship Evaluation Form

As authorized by the Division of Christian Education Accreditation and Credentials  
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.  
**Submit forms to:** Christian Education Division, P.O. Box 70990 Nashville, 37207-0990

**This form should accompany Form 2.**

Intern's name (Choose One: Rev., Dr., Dea., Mr., Mrs., Ms., Miss, Min.): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Daytime(\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you worked with the intern? \_\_\_\_\_

What CLS did you and the intern complete? \_\_\_\_\_ School # \_\_\_\_\_

1. Did the Intern demonstrate that he or she could perform the duties of a certified dean? Yes [ ☐ ] No [ ☐ ]

If not, please explain:

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2. While working with the Intern during a Christian Leadership School, what area(s) does the Intern need more training?

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3. In your estimation, will the Intern follow the procedures as set forth by the Christian Education Division of the Sunday School Publishing Board? Explain

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4. As the trainer and veteran dean, is the Intern ready to assume the position of a certified dean based on your evaluation?

Yes [ ☐ ] No [ ☐ ] If no, please explain

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5. If the Intern is not ready to assume the position, please share in full detail what steps the Intern should take in order to become a certified dean. (Please use an additional sheet, if necessary)

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**Please complete evaluation results on the back of this form.**

Signature: \_\_\_\_\_ Dean No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Mentoring Dean

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Intern