

THESIS PROCESS EVALUATION FORM: THESIS SUPERVISOR

Student Name			
Thesis Title			
Student Program	Master of Psychotherapy and Spirituality <input type="checkbox"/> MPS <input type="checkbox"/> MPS (Art Therapy)	Master of Theological Studies <input type="checkbox"/> MTS <input type="checkbox"/> MTS (Hon) <input type="checkbox"/> MTS (Diaconal)	
Thesis Supervisor Name			

Now that the thesis has been completed, this form is intended to facilitate closure to this significant piece of work. The thesis is a major element within the Master's Degrees at St. Stephen's College and it is anticipated that the supervisory relationship was a significant part of this process. Therefore, it is important to have opportunity to reflect on the learning that has occurred and bring closure to this part of the process.

Please respond to the following questions. Ideally, you will talk with each other about your responses. **A copy of this evaluation will be sent to the student.**

	Poorly		Very well		
The student:					
1. initiated contact in an appropriate manner	1	2	3	4	5
2. responded to emails, phone calls in a timely manner	1	2	3	4	5
3. was open to the supervisor's input	1	2	3	4	5
4. was able to negotiate differences in approach, theory and interpretation	1	2	3	4	5
5. took appropriate responsibility	1	2	3	4	5

Proposal Phase

1. What were the significant challenges?

2. What would have been more helpful from your student or the College?

3. How did the Ethics Review process affect the thesis experience?

Thesis Phase

1. What did you appreciate about your student?

2. What would have been more helpful?

3. What will you take away with you having worked with this person?

4. Other Comments:

SIGNATURE	
Thesis Supervisor Signature	Date

SUBMIT TO DEPARTMENT CHAIR

ACADEMIC OFFICE USE
Dept Chair initial _____
Date Received _____