MINISTRY FORMATION PROGRAM
SUPERVISED PRACTICUM
PROJECT AGREEMENT

Participant_____
Print Name *Signature* *Date*

Practicum Supervisor _____
Print Name *Signature* *Email:* *Date*

Ministry Site (if other than parish)_____

Project Plan
Accepted by_____
Pastor or Diocesan Director *Signature* *Date*
Name (Print)

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The Ministry Formation Program requires supervisory conferences a minimum of three times. As the project develops, the participant and supervisor may choose to meet more often. Record **proposed** meeting dates.

Initial Meeting Date:_____

Mid-Way Meeting and Report Date:_____

Final Meeting and Evaluation Date:_____

Make an appointment to meet with your supervisor. Keeping with the Practicum time line, return reports to the MFP office by:

Preliminary Discussion	**April 30, 2016**
Practicum Workshop/Practicum supervisor	**Various Dates**
Meet with Pastor by	**June 1, 2016**
Project Agreement due (this page)	**June 15, 2016**
Development of the Plan	**July 1-31, 2016**
Mid-Way Reports (participant & supervisor)	**November 15**
Supervisor Final Report (supervisor)	**April 15, 2017**
Project Plan Assessment (participant & supervisor)	**April 15, 2017**
Supervised Practicum Reflection Paper	**April 30, 2017**
Supervised Practicum Annual Discernment & Self-Evaluation	**April 30, 2017**

RETURN THIS PAGE TO MFP BY June 15, 2016