Student Evaluation of Agency, Field Instructor & Self

Student	Name
Semeste	er (Check One): Fall 20 Spring 20 Summer 20
Name o	f Agency
Name o Name o	f Primary Social Work Field Instructor: f Daily Proctor/ Field Instructor (if you had one)
Part I. 1.	Student Evaluation of Agency Briefly describe agency where you completed your field instruction experience and the type of social services you were involved in.
2.	Were you provided with most of the opportunities that the agency had agreed to provide in the student learning contract you signed at the beginning of your internship? Explain the strengths and weaknesses of this placement.
3.	In your role as a student in a learning experience (field instruction), how did the agency and staff treat you personally?
4.	How well did the agency meet your needs in terms of office space, supplies, telephones, etc?
Part II. 1.	Student Evaluation of Field Instructor Did you receive one full hour of individual or group supervision every two weeks where you could reflect on and discuss your cases and your observations?
2.	Was either the proctor or supervisor also available daily to answer questions?
3.	Did you receive orientation training when you started your internship?
4.	Describe the experience of being in supervision with each supervisor. What were their strengths and weaknesses? What did you discuss?

St.	Angr	ıstine	Col	lege
Ji.	Tugi	isunc	COL	icge

I

Department of Social Work

5. 1	Did the supervisors seem knowledgeable about the knowledge areas and skills that you were evaluated on?
6. 1	Did the supervisors identify areas in need of further development? Explain.
7.	What was your level of comfort and trust with your primary field instructor? And your daily proctor (if you had one).
8. 1	Did you experience any difficult problems in supervision? Explain.
9. 1	Would you recommend this agency/program and field instructor for future students? If yes, Why? If no, Why?
	to allow the <u>above</u> evaluation to be read by other students looking for potential field placements. I and that my name will be blacked out so that my evaluation is confidential. Yes No
Part III: (Below. Part III will <u>not</u> be shared with other students.)

Department of Social Work

Part III. Evaluation of Personal Learning Objectives

	contract, you id n in the learning		onal goals for fiel	d. In the spaces be	low, write your	r personal learning objectives a
1						
2						
Self evaluate y	ourself on your	personal learning g	goals below. Che	ck the box that you	believe best fit	ts for each goal.
Personal Goal	I feel that I have mastered this area in field.	I feel that I am now competent in this area.	I <u>Improved</u> in this area, but I still need practice.	I am still struggling in this area.	I did not have a chance to meet this goal.	
1					89411	
2						
3						
Student Signature			Date			