Social Work 4860 – Field Education I

Field Instructor: Nkechi Green

Date: _______________________________

Name of Student: ______________________________________________________________

Name of Supervisor: ____________________________________________________________

Name of Agency: ______________________________________________________________

(Address) ____________________________________________________________

Phone: _________________________

Evaluation Period -

Hours Completed: __________________

Directions: A meaningful performance evaluation must give an accurate assessment of the student’s performance in carrying out assignments as well as their ability to receive and actualize instructions for completing assignments.

Please use the following scale to evaluate each area:

2= Student demonstrates entry level social work skills

1= Student demonstrates some difficulty but is capable of improving social work skills; at this time, the skills are below expectation for a beginning level social worker

0= Student demonstrates no ability to practice social work skill; meeting with faculty needed immediately
Demonstrates appropriate understanding of the social policy and procedures that govern the agency and its service delivery.

Demonstrates a conscious disciplined use of the professional self (attendance, punctuality, and assignment completion, as well as thoroughness, etc.)

Demonstrates an ability to assume responsibility for own learning - i.e. comes to supervision prepared to ask questions and provide feedback regarding status of assignments, readiness to assume additional activity, etc.

Applies knowledge gained through past experiences to current situations (classroom, orientation, previous assignments, etc.)

Exercises initiative in pursuing opportunities to enhance and/or further professional learning

Identify the areas the student needs to work to enhance, prior to the semester ending:

Are there new goals that have emerged as a result of this evaluation? If so, please list.

Please comment on the student's observable potential as a "helping person."

Signatures: ____________________________ ______________________________

Student  Date    Supervisor   Date

Agency Name ____________________________ Academic Year ________