WRIGHT STATE UNIVERSITY
Department of Social Work

MID-POINT EVALUATION FORM
(Completed During Fall Semester)

Social Work 7620 – Field Education II

Seminar Field Instructor (circle one): Hemmert/Long/Keown

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 Master’s level social worker

0= Student demonstrates no ability to practice social work skill; meeting with faculty needed immediately
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_____ 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 _____________