STUDENT ASSESSMENT OF FIELDWORK EXPERIENCE

Student Name ________________________________ Date __________________

Semester/Year: Spring _____ Summer _____

Practicum/Internship Site ____________________________________________

Site Supervisor Name ____________________________________________

Please answer the questions below to help your University Supervisor understand your fieldwork experience.

Was assistance from your supervisor available to you?

____Frequently ____Seldom ____ Never

Was adequate explanation given to you concerning the behavior that was expected of you during your fieldwork experience?

____Yes ____No ____Sometimes

Was adequate explanation given to you concerning your assigned tasks?

____Yes ____No ____Sometimes

Do you feel your fieldwork experience was of value to your employer?

____Yes ____No

Were you prepared academically for this fieldwork assignment?

____Yes ____No

Did your work assignments meet your expectations?

____Yes ____No

Would you consider this company for permanent employment?

____Yes ____No

What is your overall evaluation of this experience in relationship to your career goals?

____Excellent ____Good ____Fair ____Poor

COMMENTS: Below please insert narrative comments on the fieldwork site/agency supervisor (e.g., strengths and limitations of the agency, quality of supervision, recommendations for future students, etc.)

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Student Signature __________________________________ DATE ________________

Faculty Supervisor Review:

Initial Date

Dept. of Community and Therapeutic Recreation  200B Ferguson Bldg, 524 Highland Ave.  Greensboro, NC 27412