

Field Experience Site Supervisor Evaluation of the Student

Student's Name _____ **Date** _____

Field Experience Site _____
Name of Agency Street Address City State Zip Code

Supervisor Name _____ **Phone** _____ **Email** _____

Field Experience Level: Beginning Practicum Internship Advanced Internship

Please rate how well the student is meeting expectations:	N/A	Below (1)	Meets (2)	Above (3)	Exceptional (4)
1. Friendly, positive, kind and caring attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Professional administrative practices (punctuality, dependability, flexibility, task completion, appropriate attire for the setting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Professional and collaborative skills (ability to manage time, follow instructions, work with others, and accept feedback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Oral communication (listening skills, empathic ability, ability to create and maintain rapport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Written communication (treatment planning, record keeping/case notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fulfillment of volunteer obligations or contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Willingness and ability to learn and apply new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to promote client growth and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to identify ethical issues and handle client dilemmas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Knowledge of and genuine interest in working with populations served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Appreciation of diverse cultures, individual differences, and contextual issues (ability to accept and value cultural differences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate how well the student is meeting expectations:	N/A	Below (1)	Meets (2)	Above (3)	Exceptional (4)
12. Openness to learning about issues relating to culturally diverse clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Respect for clients and clients' rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maintenance of confidentiality and respect for client privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Self-awareness of level of self-confidence and areas for self-growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Self-awareness of cultural values, feelings, attitudes, and biases and how they may impact culturally diverse clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Recognition of personal limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Appropriate integration of theory and interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your overall impression of the student's abilities, considering his/her current experience and training?

Please describe the experiences this student had in working with diverse, marginalized, or underserved communities:

Please check the appropriate box:

- The student has satisfactorily completed this portion of their field experience
- The student has not satisfactorily completed this portion of their field experience

Student Signature: _____ Date _____

FE Site Supervisor Signature: _____ Date _____