

Student Evaluation of Agency/Field Placement Mental Health Concentration

This form is to be completed by the student at the end of the placement and submitted to the Field Instruction Office. Your candid and thoughtful comments will assist future students with their placements.

Student Name (Optional) _____
(Print Clearly)

Placement Identifying Information

Agency Name _____

JACSW Faculty Field Liaison _____

Agency Field Instructor _____

Semesters and Academic Year _____

Agency

1. What were the strengths of this placement?

2. What were the shortcomings of this field placement?

3. What would you suggest that could improve this field placement?

4. Were you able to meet your learning goals in this field placement? If yes, why? If no, why?

5. Was the agency atmosphere (ie; staff morals, staff attitudes toward students, physical setting etc) conducive to your learning? If yes, why? If no, why?

6. Would you recommend this field placement to another student? If yes, why? With reservations, Why? If no, why?

7. What percentage of the clients you served were members of vulnerable, at risk populations?

Under 25%

Between 25-75%

Over 75%

8. What percentage of the clients you served were economically disadvantaged?

Under 25%

Between 25-75%

Over 75%

9. I had practice experience with:

Individuals _____ Families _____ Couples _____ Groups _____ Individuals _____

Community _____ Policy/Program development _____ Administration _____ Research _____

Other _____

10. Did the agency use a strengths perspective in service delivery in clients or client systems?

Explain:

Field Instruction

Please rate the following:

1. Field instructor's ability to teach social work practice skills.

Poor
1 2 3 4 Excellent
5

2. Field instructor's effectiveness in assisting you with integration of theory and practice.

Poor
1 2 3 4 Excellent
5

3. Field instructor's provision of useful and constructive feedback.

Poor
1 2 3 4 Excellent
5

4. Degree to which supervisory relationship was collaborative and cooperative.

Poor
1 2 3 4 Excellent
5

5. Quality of supervision.

Poor
1 2 3 4 Excellent
5

6. Did supervision occur on a regular, weekly basis? If not, why not? How often did it occur?

7. Additional Comments. (Attach additional pages if needed.)

Student (Optional) _____ Date _____
Signature

Agency Field Instructor (Optional) _____ Date _____
Signature