

BSW Student/Field Instructor Evaluation
First Semester Placement (Junior Semester)

Student's Name: _____ Date: _____

Agency: _____

Agency Address: _____

Agency Telephone No. _____

Field Instructor's Name: _____

Field Instructor's Title: _____

Field Instructor's E-mail: _____

Faculty Liaison: _____

Instructions:

Please provide an evaluation of the BSW student's performance in field based upon the BSW Field Education Learning Contract goals and objectives. In addition, please feel free to elaborate on the student's ability to meet each objective as well as any areas for improvement in the section provided (attach a separate sheet if necessary).

This evaluation is the responsibility of the field instructor, but there is an expectation of significant input by the BSW student in this evaluation. The BSW student should make her/his comments in the section provided (attach a separate sheet if necessary).

The following are the objectives for the junior semester

Please evaluate the extent to which the student will participate in the following activities to meet the objective:

| | | | |
|--|---------------------------|-------------------------------|----------------------------|
| 1. Demonstrated the ability to engage with clients and constituents. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Demonstrated professional work habits, collegiality and time management. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Identified ethical issues and dilemmas related to social work practice that arise in this setting. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Demonstrated awareness of cultural differences in social work practice that arise in this setting. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Developed understanding of an agency, its mission, policies and structure. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|-------------------------------|----------------------------|
| 6. Became aware of agency record keeping practices. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|-------------------------------|----------------------------|
| 7. Demonstrated self-awareness and the ability to reflect on self-presentation. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---------------------------|-------------------------------|----------------------------|
| 8. Developed an understanding of the relationship between social policy and agency practice. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---------------------------|-------------------------------|----------------------------|
| 9. Became aware of the processes of changing individuals, families, communities and social policies. | Fully Participated | Partially Participated | Did Not Participate |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall assessment of student's field performance (strengths and areas for improvement):

Recommended Grade (S=satisfactory, U=unsatisfactory, I=incomplete) _____

Student comments:

To the student: I have participated in this evaluation. ___Yes ___No

Student signature: _____ Date: _____

Field Instructor signature: _____ Date: _____

Faculty Liaison signature: _____ Date: _____

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