|  |  |
| --- | --- |
|  | ***College of Education******Department of Educational Psychology*** |

## Student Affairs Fieldwork Student Evaluation Form

**To be completed by On-Site Supervisor and by student at both midpoint**

**and end of fieldwork placement**

|  |  |
| --- | --- |
| **Intern Name:** | **Evaluation Date:** |
| **On-Site Supervisor:** | **Person Filling Out Form:** |
| **Faculty Supervisor:** | **On Site Supervisor** | **[ ]**  |
| **Site:** | **Faculty Supervisor** | **[ ]**  |
|  | **Student**  | **[ ]**  |
| **Date of Placement:       to** | **Number of Hours:** |

 The On-Site Supervisor and the Student will each complete one of these forms and share the ratings with each other and the Faculty Supervisor. The completed evaluation forms will be provided to the Faculty Supervisor upon completion of the Fieldwork. The same form will be used for both the mid-point and final evaluations. Please use the following scales during the evaluation process.

**(H) Highly Meritorious** – Learns quickly and is able to utilize new information instinctively.

**(S) Satisfactory** – Takes additional time to learn new information, but is able to utilize the information upon understanding.

**(L) Less than Satisfactory** – Has difficulties learning aspects of the skills required and needs additional support.

**(NA)** – Not applicable to this experience.

|  |  |  |
| --- | --- | --- |
|  | **Mid-point** | **Final** |
| **Work Skills** |       |       |
|  |  |  |
| Plans and organizes time effectively |       |       |
| Produces accurate, neat, thorough work |       |       |
| Expresses self well in oral and written work |       |       |
| Is punctual and dependable |       |       |
| Works harmoniously with coworkers |       |       |
| Responds well to supervision |       |       |
| Adheres to organization policies and procedures |       |       |
|  |  |  |
| **Professional Skills** |  |  |
|  |  |  |
| Initial meeting to assess issues |       |       |
| Examples:       |  |  |
|  |  |  |
| Individual student contact, e.g., disciplinary hearing, career advising |       |       |
| Examples:       |  |  |
|  |  |  |
| Group Meetings or presentations, e.g., student advising, clubs |       |       |
| Examples:       |  |  |
|  |  |  |
| Assessment, e.g., disciplinary background, admissions paperwork |       |       |
| Examples:       |  |  |
|  |  |  |
| Administrative paperwork |       |       |
| Examples:       |  |  |
|  |  |  |
| Consultation / Community Work |       |       |
| Examples:       |  |  |
|  |  |  |
| Psycho / Educational Examples, e.g., outreach program planning |       |       |
| Examples:       |  |  |
|  |  |  |
| Special Projects as assigned |       |       |
| Examples:       |  |  |
|  |  |  |
| Participation in staff meetings |       |       |
| Examples:       |  |  |
|  |  |  |
| Professional Development |       |       |
| Examples:       |  |  |
|  |  |  |
| Utilizes research skills: |       |       |
| Examples:       |  |  |
|  |  |  |
| Other skills: |       |       |
| Examples:       |  |  |
|  |  |  |
| Other skills: |       |       |
| Examples:       |  |  |
|  |  |  |
| Over-All Evaluation: |       |       |

**Mid-Point Evaluation:**

|  |
| --- |
| **Strengths of the Student** |
|  |
| 1.)  |       |
| 2.)  |       |
| 3.)  |       |
| 4.)  |       |
| 5.)  |       |
|  |
| **Areas to Improve / Activities to Improve these Areas** |
|  |
| 1.)  |       |
| 2.)  |       |
| 3.)  |       |
| 4.)  |       |
| 5.)  |       |

**Final Evaluation:**

|  |
| --- |
| **Strengths of the Student** |
|  |
| 1.)  |       |
| 2.)  |       |
| 3.)  |       |
| 4.)  |       |
| 5.)  |       |
|  |
| **Areas to Improve / Activities to Improve these Areas** |
|  |
| 1.)  |       |
| 2.)  |       |
| 3.)  |       |
| 4.)  |       |
| 5.)  |       |

|  |  |
| --- | --- |
| **Signatures** |  |
| **Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **On-Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_** |