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

**Student Affairs Fieldwork Student Evaluation of On-Site Supervisor**

**To be completed by student at the end of the fieldwork placement**

|  |  |
| --- | --- |
| **Intern Name:** | **Semester/Year:** |
| **Academic Program:** |  |
| **On-Site Supervisor:** |  |
| **Site:** |  |

The student is to complete this evaluation form at the end of the Fieldwork experience. The original completed form is given to the Faculty Supervisor and a copy is given to the On-Site Supervisor.

Please rate using the following scale:

1 – Unsatisfactory

2 –

3 – Satisfactory

4 – Meritorious

5 –

6 – Highly Meritorious

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1 | 2 | 3 | 4 | 5 | 6 |
| 1.) | Provided me with an orientation & understanding of the organization | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 2.)  | Gave time & energy to supervision | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 3.) | Accepted & respected me as a person | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 4.)  | Provided useful feedback relative to my strengths & weaknesses | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 5.) | Taught me new professional approaches in working with students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 6.)  | Helped me to identify & achieve work goals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 7.) | Was consistent & flexible in supervision | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 8.)  | Encouraged me to engage in professional behavior | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 9.) | Provided clarification & resource information upon request | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  |  |
| 10.)  | Explained & applied criteria fairly in evaluation my performance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Additional Comments or Suggestions**

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