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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**

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