

Student Evaluation of Agency Field Education Placement	
WHERE WAS YOUR PLACEMENT:	
DATE OF EVALUATION:	

**Feedback may or may not be shared with the agency, however student identity will be kept confidential*

To assist the social work program in determining the quality of your internship, please complete the following form:

1) Were you provided with a sufficient orientation/onboarding/observation and training period before being asked to provide services to clients?

☐ Yes

☐ No

If no, please explain:

2) Did your Field Instructor provide you with sufficient time for supervision and consultation (i.e., a minimum of 1-hour each week)?

☐ Yes

☐ No

If no, please explain:

3) Were you given relevant tasks when your field instructor was absent?

☐ Yes

☐ No

If no, please explain:

4) Were you permitted to attend staff meetings, clinical/treatment team meetings, trainings, etc?

☐ Yes

☐ No

If no, please explain:

5) Did you feel valued/part of the team at your internship?

☐ Yes

☐ No

If no, please explain:

6) Did you feel your tasks/assignments were oriented towards learning the social work competencies? Was your field instructor organized?

☐ Yes

☐ No

If no, please explain:

8) Did you experience any forms of discrimination or bias during your time at the agency? If so, please describe.

☐ Yes

☐ No

If no, please explain:

9) On a scale from 1-5, how likely are you to recommend this practicum site to another student?

1: Very Unlikely	2: Unlikely	3: Neutral	4: Likely	5: Very Likely

Why or why not would you recommend this agency?

10) How likely are you to recommend your field instructor on a scale from 1-5?

1: Very Unlikely	2: Unlikely	3: Neutral	4: Likely	5: Very Likely

Why or why not would you recommend this field instructor?