Lehman College/CUNY
DEPARTMENT OF SOCIAL WORK

MSW Second Year
Mid-Term Fieldwork Evaluation – Fall Semester

STUDENT’S NAME______________________________________________

FIELD INSTRUCTOR’S NAME____________________________________

FIELD INSTRUCTOR’S Phone # ________________________________

FIELD INSTRUCTOR’S Email Address ___________________________

AGENCY____________________________________________________

UNIT/DEPARTMENT___________________________________________

ADDRESS OF AGENCY________________________________________

I. Fieldwork Tasks: Please briefly describe the tasks the student is doing in each area below and assess the student’s performance using the following scale: Above Satisfactory (“AS”), Satisfactory (“S”), Problematic (“P”). If the student has not begun work in this area please indicate when this work will begin.

   a. Direct Practice

   b. Administration

   c. Policy Practice
d. **Supervisory**

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_____________________________________________________

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_____________________________________________________

II. **Supervisory Process:** Please indicate the student's performance in the following areas using the following scale: Above Satisfactory ("AS"), Satisfactory ("S"), Problematic ("P")

a. Regular attendance at scheduled weekly supervisory meetings.________

b. Preparation of agenda.________

c. Identifying learning needs/problems.________

d. Accepting constructive criticism.________

e. Does the student submit process recordings in time for use in the weekly supervisory conference? Yes____ No____

Comments: ________________________________________________________

_________________________________________________________________

III. Please indicate any significant strengths:

_____________________________________________________

_____________________________________________________

_____________________________________________________

IV. Please indicate any significant areas of concern:

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Field Instructor’s Signature__________________ Date____________

Student’s Signature_____________________ Date_______________

(Note: Student’s signature indicates that the student has read this evaluation. It does not indicate the student’s agreement with the evaluation. The student may write and attach an addendum to this evaluation.)