Date: ____________________

Field Instructor Name: ____________________________________________________________

Liaison Name: _________________________________________________________________

Agency: ________________________________________________________________

PLEASE INDICATE THE NUMBER OF STUDENT(S) FOR WHOM YOU ARE CURRENTLY THE FIELD INSTRUCTOR:

Number of Students _____
Field Instructor Orientation

1. Did you receive:
   a. The Program’s organization/structure/functions?
      Yes ___ No ___
   b. Policies and procedures governing the field practicum program?
      Yes ___ No ___
   c. The mission of the University and the Undergraduate Social Work Program.
      Yes ___ No ___
   d. Roles and responsibilities for each participant in the field practicum program?
      Yes ___ No ___
   e. Goals and objectives of the field practicum?
      Yes ___ No ___
   f. The calendar of the academic year for field practicum program?
      Yes ___ No ___

2. How would you change the orientation process and program?

Student Placement Process

1. How would you rate the student placement process?
   Satisfactory ___ Unsatisfactory ___

2. What changes could be made that would improve this process?

Learning Objectives/Learning Agreement

1. How would you rate the learning objectives that you completed with the students and used as a guide to teach the student’s over the course of the placement?
   Satisfactory ___ Unsatisfactory ___

2. What would you change about the learning objective/learning agreement?

Student Evaluations
3. Are you satisfied with the evaluation process used to rate the student’s performance?
   Yes ___ No ___

4. What would you change about the evaluation forms or the overall evaluation process?

Coordinator of Field Instruction

1. Would you please rate the Coordinator’s performance over the past semester and/or year?
   Satisfactory ___ Unsatisfactory ___

2. Did you receive materials pertinent to the field practicum program from the Coordinator?
   Yes ___ No ___

3. What suggestions do you have for the Coordinator to improve/change over the next year?

4. Did the Coordinator visit the agency enough times for consultation?
   Yes ___ No ___

5. Was the Coordinator accessible to you if there were problems?
   Yes ___ No ___

Faculty Field Liaison

1. Would you please rate the Faculty Field Liaison’s performance over the past semester and/or year?
   Satisfactory ___ Unsatisfactory ___

2. Did you receive materials pertinent to the field practicum program from the Faculty Field Liaison?
   Yes ___ No ___

3. What suggestions do you have for the Faculty Field Liaison to improve/change over the next year?

4. Did the Faculty Field Liaison visit the agency enough times for consultation?
   Yes ___ No ___

5. Was the Faculty Field Liaison accessible to you if there were problems?
   Yes ___ No ___