

## EVALUATION OF STUDENT IN FIELD EXPERIENCE

*Portions of this document must be completed in MS Word, printed for appropriate signatures and mailed to the Field Experience Manager, College of Public Health, University of South Florida, 13201 Bruce B. Downs Blvd, MDC 56, Tampa, FL 33612-3805.*

Student: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Major responsibilities: \_\_\_\_\_

Avg. student hours per week: \_\_\_\_\_

Placement Period:    Spring       Summer       Fall

For each item below, please indicate your rating of the student serving a Field Experience with you	Excellent 1	Good 2	Fair 3	Poor 4	N/A 0
1. Ability to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Understanding of the mission/values of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communicated clearly, both orally and in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sought clarification or asked questions when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Used creativity in task management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Completed projects from start to finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Utilized academic knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Showed responsibility for assignments/met goals and deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Worked well independently and also as a team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Student is prepared to enter his or her career field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Demonstrates a sense of responsibility and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Punctual and prepared for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Exhibits professionalism in appearance, behavior and attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Student improved his/her performance skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Student was adequately prepared for work in terms of college coursework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Demonstrated analytic / assessment skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrated cultural competency skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Demonstrated basic public health sciences skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Demonstrated financial planning and management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Demonstrated leadership and systems thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment on your communication with the student's <u>academic advisor</u>	<input type="checkbox"/> Regular contact	<input type="checkbox"/> Some contact	<input type="checkbox"/> No contact
What method of contact did you have with the student's <u>academic advisor</u>	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> In-person visit
Comment on your communication with the <u>field experience manager</u> (Natalie D. Preston-Washington)	<input type="checkbox"/> Regular contact	<input type="checkbox"/> Some contact	<input type="checkbox"/> No contact
What method of contact did you have with the <u>field experience manager</u>	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> In-person visit

If your organization had a job opening, would you consider offering employment to this student	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Would you suggest any changes or improvements for the field experience (if yes, please explain) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Was your participation in the field experience program a positive one (if no, please explain) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
As a supervisor, do you believe you have been able to meet the student's needs in terms of your accessibility, communication, and ability to facilitate the student's learning objectives (if no, please explain) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Would your organization like to continue as a community partner with the field experience program	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Was the student's work helpful to you and your agency? (if no, please explain) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Has this evaluation been discussed with the student?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
When would you like to have another student?	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Please contact me, I have questions

As a preferred provider for supervision of a student field experience, your contribution provides a "hands on" approach to public health and is a critical part of the student's professional training. Therefore, your comments on the student's preparation and performance are strongly solicited and greatly appreciated. We rely on your input to help us to improve our programs so we may continue to provide highly trained personnel to benefit a wide range of public health programs. Please take this opportunity to add any additional comments below about the College of Public Health Field Experience Placement Program.

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_