

STUDENT EVALUATION OF FIELD PLACEMENT

Student Name _____

Instructions: We hope you will take time to answer each question carefully. Your evaluation is essential because the field experience, like other courses, is continually reviewed and evaluated to make it more effective.

Answer the questions as they pertain to your field experience. Check the number which best represents your reaction to the question. Number 1 represents the highest score (i.e., always, outstanding) and Number 5 is the lowest score (i.e., poor, never).

	1 - Excellent / Always	2 - Good / Often	4 - Acceptable/Usually	4 - Fair / Sometimes	5 -Poor/ Rarely	Not Applicable
1. Was the field site prepared for students and were students briefed on program requirements and field advisor's responsibilities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> na
2. Were field objectives to be accomplished at the site developed early in the experience?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> na
3. Were required field site written assignment(s) or reports made clear?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> na
4. Did the assignment(s) assist in the integration of academic learning with professional practice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> na
5. Did the assignment(s) stimulate students to investigate broadly the environment of the field site(s) or promote access to other aspects of professional practice?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> na
6. Were you paid at the field site (1=no payment, 2 = paid)	<input type="checkbox"/> not <input type="checkbox"/> paid					
7. If paid, what was your gross monthly pay?	_____ \$/month					
8. Is the sponsor taking additional students?	<input type="checkbox"/> yes <input type="checkbox"/> no					
9. What is the preceptor's educational level?	<input type="checkbox"/> BS/ <input type="checkbox"/> MS <input type="checkbox"/> PhI <input type="checkbox"/> unknown					
10. What is your overall satisfaction level with the Field Experience placement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> na
11. Comments and recommendations regarding improvement of the placement.	_____					

Attach Field Experience Abstract attached

Attach Field Experience Summary Report attached

Student Signature _____ **Date** _____

Faculty signature (signifying satisfactory completion of evaluation, abstract, and summary report)

_____ **Date** _____