



Fall Spring Summer (circle one)
2018 2019 2020 2021 (circle one)

Field Work Supervisor Report Form

Your Name _____ Agency Name _____

Agency Address _____ Phone Number _____

Student's Name _____ Purpose _____

1. Please circle one of the following to indicate your overall assessment of this student's performance. (**10** is outstanding, **5** is average and **1** is unacceptable.

2. Please list any noteworthy strengths that you observed in this student's job performance.

3. Please list any noteworthy weaknesses that you observed in this student's job performance.

4. Please mark any concern that in your opinion applies to this student. Put an **X** if there is a problem. Otherwise, leave blank.

Attendance/Punctuality	_____	Ability to Follow Instructions	_____
Communication (oral)	_____	Completion of Assigned Tasks	_____
Communication (written)	_____	Ability to Accept Criticism	_____
Client Relationships	_____	Courtesy and Civility	_____
Problem Solving	_____	Sensitivity to Diversity	_____
Flexibility	_____	Compassion/Empathy	_____
Taking Initiatives	_____	Positive Attitude	_____

Have you been contacted by the instructor named at the beginning of this internship? If yes, how?

By phone _____ By email _____

Written correspondence _____

Are you an alum? Yes _____ No _____

Supervisor Signature

Date