The College of New Jersey

Student Field Experience Evaluation Form

Please complete, sign, and return to course instructor upon completion of field experience.

Name _____ TCNJ ID # _____

Course Title / Semester _____

Agency Name _____ Phone _____

Agency Address _____

Agency Mission _____

Field Experience Supervisor's Name _____

Supervisor's Title _____

Student Field Experience Dates: From _____ To _____

Please evaluate your field experience by circling one selection for each statement below.

SA / Strongly Agree A / Agree D / Disagree SD / Strongly Disagree N / Neutral

1) I was able to negotiate clear expectations for my for my field experience with the agency.	SA	A	D	SD	N
2) The agency provided me with a useful orientation to its mission, activities, policies, and my role.	SA	A	D	SD	N
3) The agency provided me with adequate supervision throughout my field experience.	SA	A	D	SD	N
4) The agency provided me with adequate opportunity to achieve my field experience learning objectives.	SA	A	D	SD	N
5) I would recommend this agency to other students seeking related field experiences.	SA	A	D	SD	N
6) Overall, my field experience contributed to my understanding of the social work profession.	SA	A	D	SD	N

Overall Evaluation of Field Experience Agency (check one)

____ Superior (exceeded expectations)

____ Satisfactory (met expectations)

____ Unsatisfactory (did not meet expectations)

Comments: _____

_____

_____

Student's Signature _____ **Date**_____