SWP 36A/B Field Practicum Evaluation

# Instructions

1. Field Instructor completes the evaluation form in collaboration with the student.
2. Field Instructor and the student electronically sign the completed evaluation form.
3. Field Instructor submits the completed and signed evaluation to the Faculty Consultant.\*
4. Faculty Consultant reviews the completed evaluation form and provides feedback to the student and Field Instructor.
5. Faculty consultant electronically signs the evaluation form.

\* If the student submits the form to relieve the administrative burden from the Field instructor, then the Field instructor must be copied in the email submission.

NOTE: Please review and discuss the [BSW Field Education Manual](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/undergraduate/field-education/BSW_Field_Education_Manual.pdf), the course outline and the student’s learning plan in preparing this evaluation. While the evaluation is a cooperative effort between the student and the Field Instructor, it is the Field Instructor’s responsibility to complete the evaluation. It is the student’s responsibility to submit it to the Field Instructor. It is also the student’s responsibility to ensure the completed evaluation is submitted to the Faculty Consultant.

**Student name:**

**Placement Organization name:**

**Field Instructor name:**

# Field Practicum Hours

Students are required to complete 336 hours in total.

| Evaluation | Practicum hours completed |
| --- | --- |
| Mid-term |  |
| Final |  |

# Practice Activities

**Provide a brief description of the student’s practice activities to date.**

# Knowledge and Skills

**With reference to knowledge and skills, evaluate the student’s progress in relation to the following practice goals.**

## Practice Goal 1: Learning about the social context

**Strengths:**

**Areas of improvement:**

## Practice Goal 2: Learning about the agency

**Strengths:**

**Areas of improvement:**

## Practice Goal 3: Learning about social work practices

**Strengths:**

**Areas of improvement:**

## Practice Goal 4: Learning about the self

**Strengths:**

**Areas of improvement:**

## Additional learning goals

**Strengths:**

**Areas of improvement:**

# Values

**Evaluate how the student has demonstrated the values identified in the field practicum curriculum (refer to the** [**BSW Field Education Manual**](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/undergraduate/field-education/BSW_Field_Education_Manual.pdf)**).**

**Strengths:**

**Areas of improvement:**

# Personal / Professional Ethics

**Evaluate how the student has demonstrated personal and professional ethics within the field practicum setting (i.e., punctuality, integrity, honesty, confidentiality, handling ethical dilemmas, meeting deadlines, etc.) (refer to the** [**BSW Field Education Manual**](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/undergraduate/field-education/BSW_Field_Education_Manual.pdf)**).**

**Strengths:**

**Areas of improvement:**

# Applicable to mid-term evaluation only

**Are there additions to the learning plan for the second semester?**

# Summary Statements of Learning

**Mid-term evaluation:**

**Final evaluation:**

# Pass / Fail Grade

**According to the** [**BSW Field Education Manual**](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/undergraduate/field-education/BSW_Field_Education_Manual.pdf)**, the student, Field Instructor and Faculty Consultant will “involve themselves in a mutual, ongoing evaluative process that will culminate with the assignment of a pass / fail grade at the end of each term”.**

**Please make a recommendation for the student’s grade to date.**

| Mid-term evaluation | Final evaluation |
| --- | --- |
| Exceeding expectations | Recommend pass |
| Meeting expectations | Recommend fail |
| Needs to improve | Recommend repeat term / extend hours |
| Additional comments: | Additional comments: |

# Signatures

**Field Instructor Name:**

**Date:**

By checking this box and typing my name, I understand that I am electronically signing this evaluation form.

**Student Name:**

**Date:**

By checking this box and typing my name, I understand that I am electronically signing this evaluation form.

**Faculty Consultant Name:**

**Date:**

By checking this box and typing my name, I understand that I am electronically signing this evaluation form.­

# For Internal Office Use Only

| To be completed by the Faculty Consultant upon receipt of the completed field practicum evaluation |
| --- |
| The Field Instructor listed in the *Signatures* section of this form is the **same individual** listed on the placement roster |
| The Field Instructor listed in the *Signatures* section of this form is **someone different** than the individual listed on the placement roster\* |
| I am not sure\* |

\*Please notify the Field Education Program Administrator of change in field instruction.