**WARTBURG COLLEGE  
Social Work Department – SW 405**

# Evaluation of Student

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| Student: |  | | | Field Instructor: |  |
| Agency: |  | | | Placement Dates: |  |
| Address: |  | | | Phone: |  |
| Hours in placement: | |  | |  |  |
| Description of Placement Activities: | | |  | | |
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Evaluation of Student Performance:

Using the following rating scale, please evaluate the student, placing a check in the appropriate space. Each of the areas in which you are asked to assess the student’s performance corresponds both to social work knowledge skills and values deemed appropriate to a first practice experience and to the learning objectives and concepts offered through the course.

5-Very high performance

4-Above acceptable level

3-Acceptable level performance

2-Below acceptable level

1-Unacceptable level of performance

0-No basis to evaluate

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| A. Self-Awareness and Disciplined Use of Self | | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Awareness of personal strengths and weaknesses | |  |  |  |  |  |  |
| 2. Personal appearance | |  |  |  |  |  |  |
| 3. Sense of responsibility – assumes own share of work | |  |  |  |  |  |  |
| 4. Initiative | |  |  |  |  |  |  |
| 5. Ability to organize and carry through a task | |  |  |  |  |  |  |
| 6. Enthusiasm and interest | |  |  |  |  |  |  |
| 7. Sensitivity to issues of race, gender & culture | |  |  |  |  |  |  |
| 8. Awareness of effect on others | |  |  |  |  |  |  |
| 9. Willingness and openness to learning | |  |  |  |  |  |  |
| 10. Evidence of poise and stability | |  |  |  |  |  |  |
| Field Instructor’s Comments: |  | | | | | | |
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| Student’s Comments: |  | | | | | | |
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| B. Knowledge and Use of Agency and its Environments | | | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Knowledge of agency resources | | |  |  |  |  |  |  |
| 2. Knowledge of agency structure, goals, etc. | | |  |  |  |  |  |  |
| 3. Knowledge of available community resources | | |  |  |  |  |  |  |
| 4. Use of available resources | | |  |  |  |  |  |  |
| 5. Shows interest or questions staff re: available services | | |  |  |  |  |  |  |
| 6. Knowledge of referral process | | |  |  |  |  |  |  |
| Field Instructor’s Comments: | |  | | | | | | |
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| Student’s Comments: |  | | | | | | | |
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| C. Ability to Provide Limited Service | | | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Ability to obtain necessary information | | |  |  |  |  |  |  |
| 2. Ability to process information & assess its importance | | |  |  |  |  |  |  |
| 3. Ability to be a good listener | | |  |  |  |  |  |  |
| 4. Demonstrates verbal skills in interaction with consumers and with colleagues | | |  |  |  |  |  |  |
| 5. Demonstrates awareness of non-verbal communication | | |  |  |  |  |  |  |
| 6. Demonstrates clarity in written communication | | |  |  |  |  |  |  |
| Field Instructor’s Comments: | |  | | | | | | |
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| Student’s Comments: |  | | | | | | | |
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| D. Personal and Professional Values | | | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Awareness of personal values | | |  |  |  |  |  |  |
| 2. Sensitivity to other’s values | | |  |  |  |  |  |  |
| 3. Commitment to social work values | | |  |  |  |  |  |  |
| 4. Awareness of agency value system | | |  |  |  |  |  |  |
| 5. Understands the principle of confidentiality | | |  |  |  |  |  |  |
| Field Instructor’s Comments: |  | | | | | | | |
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| Student’s Comments: | |  | | | | | | |
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| E. Professional Development and Use of Supervision | | | 5 | 4 | 3 | 2 | 1 | 0 |
| 1. Awareness of professional vs. personal needs | | |  |  |  |  |  |  |
| 2. Awareness of professional criteria governing conduct and  behavior | | |  |  |  |  |  |  |
| 3. Relationship with field instructors | | |  |  |  |  |  |  |
| 4. Reaction to supervisory comments | | |  |  |  |  |  |  |
| 5. Ability to follow through on supervisory suggestions | | |  |  |  |  |  |  |
| 6. Willingness to use supervision | | |  |  |  |  |  |  |
| 7. Organizes time well & is on time for appointments | | |  |  |  |  |  |  |
| 8. Potential for social work professional practice | | |  |  |  |  |  |  |
| Field Instructor’s Comments: | |  | | | | | | |
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| Student’s Comments: |  | | | | | | | |
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| Field Instructor signature: |  |  | |  | |
| Student Signature |  | | Title  Date: | |  | |

**Social Work Department**

# Weekly Time Log

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| Name: | | Term/Year: | |
| Agency: | Supervisor: | | Phone: |

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| DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Direct Client  Contact |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Indirect or  Collateral Contact |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Community  Information Contacts |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Travel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Supervisory or  Consultation Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Reading  (Client Information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Reading  (Other Information) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Orientation/Training |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Paperwork |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WEEKLY TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL TO DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUPERVISOR’S REVIEW |  |  |  |  |  |  |  |  |  |  |  |  |  |  |