Student: ____________________________________

Field Instructor: ______________________________

Suggested completion date: (October – fall semester; March – spring semester)

1. Please record a preliminary impression of your student’s adjustment to the practicum setting.

2. Please refer to the SOWK 791 educational goals and objectives and comment on your areas of emerging strengths.

3. Please refer to the SOWK 791 educational goals and objectives and comment on any areas of concern.

4. Please comment on your progress in meeting the goals identified on the learning agreement.

5. Other comments.

Field Instructor’s Recommended Grade (Please circle one):  A  B  C  D  F

Field Instructor’s Signature: ____________________________________________

Student’s Signature: ____________________________________________________

Field Liaison Signature: ________________________________________________

Revised 5/10