



SCHOOL OF SOCIAL SCIENCE AND HUMAN SERVICES

o. (201) 684-7625 | f. (201) 684-7257

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Evaluation for Social Work with Communities and Agencies (SWRK 329)

Student: _____ Supervisor: _____

Agency: _____ Agency Phone: _____

Agency Address: _____

Supervisor Email: _____

Describe the student’s assignment at the agency:

Describe the supervision available to the student:

Please rate the student’s performance on the following measures using the following scale:

- | | | | |
|---|-------------------------------|---|--------------------------|
| 1 | Poor - failing | 4 | Very Good - high passing |
| 2 | Adequate - marginally passing | 5 | Excellent – honors work |
| 3 | Good - passing | | |

_____ Attendance

_____ Punctuality

_____ Written communication skills

_____ Completes paperwork and assignments

_____ Personal appearance as related to agency standards

_____ Ability to accept and prepare for supervision

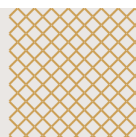
_____ Assumes responsibility for own learning

_____ Ability to work with staff and peers

_____ Ability to critique own work (aware of positives and negatives)

_____ Makes attempt to connect work in the field with academic content

_____ Has knowledge of agency purposes





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- Has knowledge of agency programs
- Able to work within the agency policies and procedures
- Has knowledge of resources in the community needed by client population of agency/program
- Maintains appropriate confidentiality
- Respects clients
- Has awareness of the impact of differing cultures
- Has awareness of issues of diverse populations (elderly, disabled, women, African-American, LGBTQ, Native American)
- Listens to the client
- Has appropriate boundaries (knows what is appropriate to share with the client)

Please describe the student's resources and challenges (strengths and weaknesses):

Overall evaluation of the student's performance:

Further skill development that needs to be considered in the next field placement:

Additional Comments:

Was this evaluation shared with the student? YES NO

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____