GUIDELINES

Health Education Field Experiences

Department of
Health Education and Recreation

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www.Sophe.org/healtheducationspecialistcfm

August 31, 2012
HEALTH EDUCATION 490
FIELD EXPERIENCES IN COMMUNITY HEALTH

HED 490 “Field Experiences in Community Health” is the internship for undergraduate community health students. Therefore, the terms “field experience” and “internship” will be used interchangeably throughout this document.

INTERNSHIP REGISTRATION REQUIREMENTS

• A student must have successfully completed the following health education courses:

  HED 300 – Foundations, Theory, and Practice
  HED 325 – Program Planning
  HED 326 - Evaluation in Health Education
  HED 355 - Introduction to Community Health
  HED 491 - Health Teaching/Learning: School and Community

• A student must have a G.P.A. of 2.75 in the major to be eligible to begin an internship. It is expected that the majority of health education courses are completed prior to the internship.

• Students may not begin their internships and will not be allowed to register for the internship until the following documents have been received by the Health Education internship coordinator. Documents which must be received and approved by the Health Education internship coordinator prior to registering or beginning the internship:

  1. G.P.A. Verification Form
  2. Copy of student transcript showing completion of prerequisite courses
  3. A list of courses currently enrolled in and anticipated grade
  4. Student Information Form
  5. Internship Application - includes objectives and site supervisor’s signature
  6. Resume
INTERNSHIP INFORMATION

A student must be placed at an agency for a minimum of six (6) weeks at forty (40) hours per week. For each academic credit hour taken, a minimum of 40 contact hours is needed with the agency.

A maximum of ten (10) contact hours may be accrued on any given day.

The agency must provide supervision by a Health Educator, or a professional with an understanding of health education, with at least a Bachelor’s degree and at least two years of experience in the field.

All students will receive an academic letter grade for the internship.

There are no university policies which prohibit or require agencies to pay students for internships.
INTRODUCTION

This manual is a guide for the undergraduate student who is planning to register for the community health internship course available from our department: HED 490, “Field Experiences in School, Community Health or Safety Education”, 6 credit hours. Its purpose is to provide general information regarding the community health internship available through the Department of Health Education and Recreation at Southern Illinois University.

PURPOSE OF THE INTERNSHIP

Students in our program are encouraged to experience the realities of health education in the community through various kinds of required and elective courses. These particular courses offer students an opportunity to make sense of cognitive classroom learning and to identify personal educational gaps around which future educational plans may be made, as well as expose them to a comprehensive educational field experience. The faculty is committed to the principle of self direction in health education; at the same time, however, it has a responsibility to provide all Health Education majors with an internship course specifically designed to permit a variety of guided opportunities to develop and demonstrate professional skills. It is in the internship that college and agency join together in preparing and evaluating students for the authority and responsibility inherent in their future roles as professional health educators.

This manual contains important information and forms for HED 490, “Field Experience in Health Education.” Please keep this manual so that it is easily accessible. All the necessary forms needed for completion of the internship are included. You can also access the forms on-line at www.hedir.org/rice. In addition to this manual, the student will need to obtain a course syllabus for the semester he/she plans to register from the Department internship coordinator.

Contact for further information:

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THE STUDENT IS RESPONSIBLE FOR MAKING THE NECESSARY DUPLICATES AND FOR SUBMITTING ALL FORMS ON TIME.
GOALS AND OBJECTIVES OF THE INTERNSHIP

At the conclusion of the internship, the student should be able to:

Assess individual and community needs for health education.

- Obtain health-related data about social and cultural environments, growth and development factors, needs, and interests.
- Distinguish between behaviors that foster and those that hinder well-being.
- Infer needs for health education on the basis of obtained data.

Plan effective health education programs.

- Develop a logical scope and sequence plan for a health education program.
- Formulate appropriate and measurable program objectives.
- Design educational programs consistent with specified program objectives.
- Exhibit competence in carrying out planned educational programs.
- Infer enabling objectives as needed to implement instructional programs in specified settings.

Implement health education programs.

- Recruit community organizations, resource people, and potential participants for support and assistance in program planning.
- Select methods and media best suited to implement program plans for specific learners.
- Monitor educational programs, adjusting objectives and activities as necessary.
- Predict the impact of societal value systems on health education programs.

Evaluate effectiveness of health education programs.

- Develop plans to assess achievement of program objectives.
- Carry out evaluation plans.
- Interpret results of program evaluation.
• Infer implications from findings for future program planning.

**Coordinate provisions of health education services.**

• Develop a plan for coordinating health education services.

• Facilitate cooperation between and among levels of program personnel.

• Formulate practical modes of collaboration among health agencies and organizations.

• Organize in-service training programs for teachers, volunteers, and other interested personnel.

**Act as resource person in health education.**

• Establish effective consultative relationships with those requesting assistance in solving health-related problems.

• Interpret and respond to requests for health information.

• Select effective educational resource materials for dissemination.

**Demonstrate an understanding of the content and skills applied in health education.**

• Interpret concepts, purposes, and theories of health education.

**Communicate health and health education needs, concerns and resources.**

• Utilize computerized health information retrieval systems effectively, when available.

• Select a variety of communication methods and techniques in providing health information.

• Foster communication among health professionals and consumers.
CRITERIA FOR SELECTION OF COMMUNITY HEALTH INTERNSHIP AGENCIES

It is assumed that all agencies providing the fieldwork experience for the Department of Health Education and Recreation at Southern Illinois University do so because they value health education and are interested in providing training for graduate and undergraduate students. Those agencies designated as internship settings also meet criteria for providing opportunities for students to develop and demonstrate the skills listed previously.

Internship agencies must have been in operation for at least one year and demonstrate stable administration, funding, and community support. Agencies should also be able to provide supervision by a Health Educator, or a professional with an understanding of health education, with at least two years of experience in the field. Exceptions to this must be approved by the Health Education internship coordinator.

RESPONSIBILITIES OF THE THREE PARTNERS

THE STUDENT

Students are to complete all paperwork and register for the course by the 15th week of the term prior to the internship. The student will arrange for an individual conference with the Departmental internship coordinator to discuss needs and interests relating to placement. An agency setting will be selected by the student. In addition, the student will make a pre-placement visit to the agency. The student and the site supervisor will work together to develop a set of objectives specific to that setting.

HINT: The pre-placement interview is extremely important. Keep in mind that agencies are approached by many students requesting a location to complete an internship. Agencies, much like employers, will select those individuals who will best fit into their plans. This pre-placement interview should be treated as a job interview. The student should be neatly dressed, prompt, polite, and knowledgeable about the internship - its goals, objectives, and purposes. The student should mail a copy of the Student Information Form, along with a resume, prior to actually meeting this prospective site supervisor.

During the internship the student is responsible for completing typed bi-weekly (weekly, if summer intern) reports which are to be sent to the Department coordinator. In addition, the student will complete an evaluation of the agency at the conclusion of the internship.

THE SITE SUPERVISOR

The agency’s responsibility begins with the pre-placement visit. This is the student’s introduction to the agency and to the site supervisor. At that time the site supervisor should be prepared to discuss the general administrative structure and major function(s) of the agency and to
define the general role the student will play. The student and the site supervisor shall identify the
goals and objectives of the student’s internship and complete the Internship Application Form. The
student and the site supervisor will determine the student’s work schedule and decide if the student
will work during University holidays and vacation periods.

The site supervisor will provide the student with not less than one hour of regular conference
time weekly to assess progress toward goals and objectives. The student should be given duties and
responsibilities of increasing difficulty and challenge. The supervisor will teach the skills necessary
for the student to carry out duties and see that the work is done and performed according to agency
standards. Two formal evaluations of the intern’s work will be made by the site supervisor, one at
mid-term and one at the conclusion of the internship or during finals week. The internship goals and
objectives form the basis of the evaluation.

Each participating agency shall be responsible for payment of on-the-job mileage and other
incidental job-connected expenses.

**THE DEPARTMENT INTERNSHIP SUPERVISOR**

The Department internship coordinator will visit the field site for conferences with the
student and site supervisor at least once each placement period if the agency is located within the
state of Illinois. In addition, the internship coordinator will be available to both student and site
supervisor for any questions or problems that may arise during the internship.

The internship coordinator will receive the bi-weekly (weekly, if summer intern) reports,
grade them, and respond in writing to the student about the content of the report. The internship
coordinator will also be available to work with the student and the agency as needed.

**GRADE CRITERIA**

Your final grade for HED 490 will be based on:

1. Bi-Weekly Reports (weekly, if summer intern) - 40% of grade
2. On-Site Supervisor’s Evaluation - 60% of grade

SPECIAL NOTE: A substantive complaint that a student has violated the confidentiality of a client
or has in any other way taken advantage of the professional role at the expense of a client’s social,
emotional, or physical growth will result in immediate dismissal from the internship and a grade of
“F.”
CODE OF ETHICS
FOR THE HEALTH EDUCATION PROFESSION
(Abbreviated Version)

The Health Education profession is dedicated to excellence in the practice of promoting individual, family, organizational, and community health. The Code of Ethics provides a framework of shared values within which Health Education is practiced. The responsibility of each Health Educator is to aspire to the highest possible standards of conduct and to encourage the ethical behavior of all those with whom they work.

Article I: Responsibility to the Public
A Health Educator’s ultimate responsibility is to educate people for the purpose of promoting, maintaining, and improving individual, family, and community health. When a conflict of issues arises among individuals, groups, organizations, agencies, or institutions, health educators must consider all issues and give priority to those that promote wellness and quality of living through principles of self-determination and freedom of choice for the individual.

Article II: Responsibility to the Profession
Health Educators are responsible for their professional behavior, for the reputation of their profession, and for promoting ethical conduct among their colleagues.

Article III: Responsibility to Employers
Health Educators recognize the boundaries of their professional competence and are accountable for their professional activities and actions.

Article IV: Responsibility in the Delivery of Health Education
Health Educators promote integrity in the delivery of health education. They respect the rights, dignity, confidentiality, and worth of all people by adapting strategies and methods to meet the needs of diverse populations and communities.

Article V: Responsibility in Research and Evaluation
Health Educators contribute to the health of the population and to the profession through research and evaluation activities. When planning and conducting research or evaluation, health educators do so in accordance with federal and state laws and regulations, organizational and institutional policies, and professional standards.

Article VI: Responsibility in Professional Preparation
Those involved in the preparation and training of Health Educators have an obligation to accord learners the same respect and treatment given other groups by providing quality education that benefits the profession and the public.

Source: Journal of Health Education – July/August 2000, Volume 31, No. 4
APPENDICES

(Forms can also be completed on-line. Go to www.hedir.org/rice.)

A. Check-Off Sheet  
B. G.P.A. Verification Form  
C. Student Information Form  
D. Student Application for Internship  
E. Bi-Weekly (weekly, if summer intern) Report Form Guidelines  
F. Bi-Weekly (weekly, if summer intern) Report Form  
G. Mid-Term Evaluation of Student Form (on-site supervisor completes this)  
H. Final Evaluation of Student Form (on-site supervisor completes this)  
I. Student Evaluation of Agency Form
A. CHECK-OFF SHEET

Name _______________________________ Term ______________________________

Things to do the term before you want to do your internship:

Date Received:
__________ 1. Grade point average _______________ Verified _______________
__________ 2. Course prerequisites - term and grade
            300 _____________ ____________
            325 _____________ ____________
            326 _____________ ____________
            355 _____________ ____________
            491 _____________ ____________

__________ 3. A list of courses currently enrolled in and anticipated grade.
__________ 4. Student information form - turn in to SIU coordinator.
__________ 5. Internship application - turn in to SIU coordinator.
__________ 6. Resume - turn in to SIU coordinator.
__________ 8. Approval of application & field work objectives

Things to turn in during your internship:

9. Bi-Weekly (weekly, if summer intern) Reports:
   Dates covered, hours worked in period, cumulative hours
   1. __________________  __________  __________
   2. __________________  __________  __________
   3. __________________  __________  __________
   4. __________________  __________  __________
   5. __________________  __________  __________
   6. __________________  __________  __________
   7. __________________  __________  __________
   8. __________________  __________  __________

__________ 10. Mid-Term Evaluation of student by agency by end of week 8.
__________ 11. Final evaluation of student by agency by end of week 16.
__________ 12. Agency evaluation by student by end of week 15.

February 1998
B. G.P.A. VERIFICATION FORM

FORM TO BE COMPLETED BY
MS. Kaila Tyner
COLLEGE OF EDUCATION
STUDENT SERVICES
(for undergraduate students only)

This is to verify that ____________________________________________,
Student Name
_________________________________________, has a G.P.A. of ____________________________
SIUC I.D. Number

in the Department of Health Education and Recreation major courses effective the date
noted below.

____________________________________       _____________________
Signature                        Date

A copy of the student’s most recent transcript should be attached.
C. STUDENT INFORMATION FORM - Page 1

Name ____________________________________________

Local Address __________________________________________________________

City ____________________________  State _______________  Zip _______________

Local Telephone __________________________________________________________

Social Security Number __________________________________________________

Date of Expected Graduation ______________________________________________

E-Mail Address __________________________________________________________

Circle the health education area(s) in which you would be interested in having your field experience:

1. families/children  5. elderly
2. mental/health       6. education related
3. drugs/alcohol      7. administrative/social planning
4. health related      8. other (please specify)

Do you have access to an automobile?

☐ Yes
☐ No

Are you a licensed driver?

☐ Yes
☐ No

What are your career plans after graduation? (Continue on a separate sheet if necessary.)
C. STUDENT INFORMATION FORM - Page 2

Briefly relate how or why you came to choose to earn a degree in health education:

Relate any life experiences and/or personal characteristics that you consider significant in relation to your functioning as a health educator.

ONE SIUC Health Education faculty member must sign his/her name to support your application for internship.

I support the above-named student in his/her application for the field experience/internship.

Signature __________________________________________ Date __________________
D.  INTERNSHIP APPLICATION - Page 1

The purpose of the internship is to provide the student with practical experience in the application of Health Education principles within the structure and function of a community agency.

This form constitutes an agreement among the student, the agency, and the university to pursue the above purpose through the objectives listed on page two of this application form.

Name of Student __________________________________________________________

SIUC ID # __________________________ Local Phone __________________________

Local Address ____________________________________________________________

E-Mail address _____________________________________________________________

Planned Date of Graduation _______________________________________________

1. I plan to conduct my internship during the _______________ Semester, 20______.

My internship will begin _______________ and end _______________.

Date                      Date

2. The agency/site where I will intern is:

Agency/Site Name __________________________________________________

Agency Address     __________________________________________________

__________________________________________________

3. The person who has agreed to be my supervisor is:

Supervisor’s Name ______________________________________________________

Supervisor’s Position/Title _____________________________________________

Supervisor’s Phone Number _____________________________________________

4. Weekly Schedule:
5. The field experience objectives which will guide me during my internship and which have been agreed upon by my site supervisor, the Department Health Education internship coordinator, and me are:

Student Signature _____________________________ Date ______________

Agency Supervisor Signature ____________________________ Date ______________

Dept. Internship Coordinator Signature ____________________ Date ______________
E. BI-WEEKLY (WEEKLY IF SUMMER INTERN) REPORT FORM GUIDELINES - Page 1

Name ____________________________________    Date of Report ________________

Agency Name _____________________________     Report No. ___________________

Supervisor’s Name _________________________     Agency Phone ________________

Hours worked (include actual hours worked; do not include mealtimes, drive to work):

Date: From _____________________________ to ______________________________

Sunday   ________  Sunday    ________
Monday    ________  Monday    ________
Tuesday   ________  Tuesday   ________
Wednesday ________  Wednesday ________
Thursday  ________  Thursday  ________
Friday    ________  Friday    ________
Saturday  ________  Saturday  ________

Total for week ________     Total for week ________

Total hours this report ________    Total hours completed to date ________

Section I - Internship Activities

Describe in detail what activities you did each day. What have you been doing and how have you been accomplishing tasks assigned to you? With whom have you been meeting? In meetings, what topics were discussed? If you were responsible for a program, or a patient, tell what happened during that time. Be sure to include comments regarding how you felt about your daily tasks and what you learned. At the beginning of the internship, a lot of detail of your daily activities should be included. As the internship progresses you should describe what is new, what has been learned, and what is different from the previous weeks.
Section II - Challenges Encountered

Often students hesitate to describe problems encountered during their internship because they feel it indicates failure on their part; however, it is important that professionals develop the ability to analyze problems and find solutions. In this section you should describe different challenges and/or tasks that you felt were not completed to your satisfaction. Then, either describe solutions you used to solve the problem or the lessons you learned from the experience.

Section III - Professional Growth

In this section, first indicate if you accomplished all of the objectives you set for the week in your previous report. If not, tell why and when you propose to accomplish those objectives. Then review your comments made in Section I and summarize the most important concepts and skills you learned during the week. Be thoughtful as you write. Each week you will be learning a lot and should have important comments and insights.

Section IV - Objectives for the Next Week

One of the most important processes for student interns is to plan ahead for the coming week. In this section you should identify objectives that will eventually help you achieve your internship goals. Constantly review your internship goals as you set your weekly objectives. Be sure to consult with your supervisor regarding your goals and objectives.

Section V - Signatures

Be sure that your supervisor has read the report and approves of the hours you have submitted. Also discuss with the supervisor the work objectives for the coming week. This is one of the most important aspects of the report process. Both you and your supervisor should sign and date the report.
F. INTERNSHIP BI-WEEKLY (WEEKLY IF SUMMER INTERN) REPORT - Page 1

Name ____________________________________    Date of Report ________________

Agency Name _____________________________     Report No. _______________

Supervisor’s Name _________________________     Agency Phone ________________

Hours worked (include actual hours worked; do not include mealtimes, drive to work):

Date: From _____________________________ to ______________________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>_____</td>
<td>Sunday</td>
<td>_____</td>
</tr>
<tr>
<td>Monday</td>
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</tr>
<tr>
<td>Saturday</td>
<td>_____</td>
<td>Saturday</td>
<td>_____</td>
</tr>
</tbody>
</table>

Total for week _____     Total for week _____

Total hours this report _____     Total hours completed to date _____

Section I - Internship Activities
Section II - Challenges Encountered

Section III - Professional Growth
Section IV - Objectives for the Next Week

This is to certify that the above-mentioned student has completed the hours indicated under my direct supervision, or under the direction of my appointee.

________________________________________     _____________________________
Student                         Date

________________________________________     _____________________________
Supervisor                         Date
This is the mid-term evaluation which is used for professional assessment of the intern. Each agency who has supervised the intern can provide essential information to enhance the intern’s professional growth and to provide verification of his/her development during the internship period.

After each performance category listed, circle the number which most accurately represents the quality of the skills/traits of the intern.

<table>
<thead>
<tr>
<th>Performance Categories</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of assignments</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Quality of assignments</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Creativity</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Resourcefulness</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Oral communication</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Written communication</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Relationship with fellow workers</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Leadership ability</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Poise and judgment/maturity</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Professional attitude</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Punctuality and attendance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
1. Comment on any evidence of the intern’s growth you have observed. In what ways has the intern attained his/her established objectives?

2. What are the major strengths of this intern?

3. What traits or weaknesses, if any, hindered the intern’s advancement/growth and require attention?

4. Additional comments: (If possible, please include a narrative describing the intern in your own words.)
G. MID-TERM INTERN EVALUATION FORM - Page 3

5. Number of hours worked as this date: ______
   Number of unexcused days: ______
   List dates/times below:

6. Have you discussed this evaluation with the intern?
   □ Yes
   □ No

Name ______________________________ Title _____________________________
Signature ___________________________________ Date ________________________
Agency _________________________________ Phone _________________________
H. FINAL EVALUATION REPORT

Please rate the student by assigning a number for each item in the space provided, using a scale of 1-5, with 5 being the highest and 1 being the lowest.

_____  1. Obtain health-related data about social and cultural environments, growth and development factors, needs, and interests.

_____  2. Distinguish between behaviors that foster and those that hinder well-being.

_____  3. Infer needs for health education on the basis of obtained data.

_____  4. Recruit community organizations, resource people, and potential participants for support and assistance in program planning.

_____  5. Develop a logical scope and sequence plan for a health education program.

_____  6. Formulate appropriate and measurable program objectives.

_____  7. Design educational programs consistent with specified program objectives.

_____  8. Exhibit competence in carrying out planned educational programs.

_____  9. Infer enabling objectives as needed to implement instructional programs in specified settings.

_____ 10. Select methods and media best suited to implement program plans for specific learners.

_____ 11. Monitor educational programs, adjusting objectives, and activities as necessary.

_____ 12. Develop plans to assess achievement of program objectives.

_____ 13. Carry out evaluation plans.


_____ 15. Infer implications from findings for future program planning.
H. FINAL EVALUATION REPORT - Page 2

_____ 16. Develop a plan for coordinating health education services.
_____ 17. Facilitate cooperation between and among levels of program personnel.
_____ 18. Formulate practical modes of collaboration among health agencies and organizations.
_____ 19. Organize in-service training programs for teachers, volunteers, and other interested personnel.
_____ 20. Utilize computerized health information retrieval systems effectively, when available.
_____ 21. Establish effective consultative relationships with those requesting assistance in solving health-related problems.
_____ 22. Interpret and respond to requests for health information.
_____ 23. Select effective educational resource materials for dissemination.
_____ 24. Interpret concepts, purposes, and theories of health education.
_____ 25. Predict the impact of societal value systems on health education programs.
_____ 26. Select a variety of communication methods and techniques in providing health information.
_____ 27. Foster communication among health professionals and consumers.

1. Please comment on any evidence of the intern’s growth you have observed.
2. What are the major strengths of this intern?

3. What traits or weaknesses, if any, hindered the intern’s advancement/growth?

4. Any other comments.

Please circle an overall grade for this student:  A  B  C  D  F

Student’s Name: __________________________________________________________

Internship Site Supervisor: _________________________________________________

Signature _________________________________     Date ________________________
I. AGENCY EVALUATION BY STUDENT - Page 1

Name of Agency __________________________________________________________

Agency Address __________________________________________________________

________________________________________________________

How would you rate your field placement experience?

   _____ Excellent
   _____ Good
   _____ Satisfactory
   _____ Fair
   _____ Less than Desirable

Why did you indicate the above ratings?

What were your expectations for the placement experience?

Was the placement in accord with your preferences and interests?
I. AGENCY EVALUATION BY STUDENT - Page 2

How would you categorize your duties?

- Administration
- Research
- Casework
- Education
- Community Planning
- Other (specify)

Did you feel that your duties were a vital part of the agency’s function?

☐ Yes
☐ No
Explain:

What were the greatest assets of this placement experience?

Was you supervisor prepared for your arrival with definite ideas, proposals, suggestions, and generalized goals for your experience with the agency?

☐ Yes
☐ No
Explain:
I. AGENCY EVALUATION BY STUDENT - Page 3

Were you given adequate responsibility?

☐ Yes
☐ No
Explain:

Did your supervisor lend assistance during the program?

☐ Yes
☐ No
Explain:

Did you encounter any problems during your internship?

☐ Yes
☐ No
Explain:

How could you have improved this internship experience?
I. AGENCY EVALUATION BY STUDENT - Page 4

How were you able to put classroom theory into practice? Explain skills used and learned, evaluation and research responsibilities, etc.

What did you learn from your placement?

General comments and suggestions.

May we share this evaluation with the agency?

☐ Yes
☐ No