

FIELD INSTRUCTOR FEEDBACK

The purpose of this is to evaluate the support provided for the field practicum.

DATE

FIELD INSTRUCTOR NAME (Optional)

*Please complete and return to the Field Coordinator's Office at the end of the practicum.

1. How many times did you confer with your liaison via:

a) _____ Liaison's visits to field setting?

b) _____ Telephone consultation

Faculty liaison availability

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

2. Please rate each area for satisfaction:

Faculty liaison clearly indicated role

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Consultation/feedback on field policies & procedures

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Availability of information on curriculum & course syllabi

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Training & consultation on developing supervision skills.

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Assistance & support in mediating field problems

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Availability of consultation/feedback on developing learning activities

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Assistance/consultation with evaluating student performance

1 2 3 4 5
Very dissatisfied Dissatisfied Don't know Satisfied Very satisfied

Overall, how helpful was the MSW program?

1 2 3 4 5
Not helpful Somewhat helpful Don't know Helpful Very Helpful

5. Did you attend practicum orientation? Yes No How helpful was it?

1

2

3

4

5

Not helpful

Very helpful

What would strengthen the fall orientation component of the field program?

6. What do you recommend to strengthen the field practicum? .

Comments:

*You are encouraged to share your evaluation and suggestions with your faculty liaison. Please note that the overall results of all evaluations will be shared with the faculty liaison, but will not contain any unique identifiers, ensuring the confidentiality of your feedback.

Please return to:

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Attn: Chuck Floyd