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

August 2007
5. Did you attend practicum orientation? Yes □ No □ How helpful was it?

- [ ] 1 Not helpful
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 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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Master of Social Work Program
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Attn: Chuck Floyd