# STUDENT EVALUATION OF THE LEVEL I FIELDWORK EXPERIENCE

This evaluation form is to be returned to your course instructor as outlined in the course syllabus.

Student Name: ___________________________ Date: _____________

Course Number & Title: ____________________________________________

Fieldwork Site: _______________________________________________________________________

Address: ____________________________________________________________________________

Fieldwork Site Supervisor: ____________________________________________________________

<p>| Please complete the statement related to your fieldwork experience as:               |</p>
<table>
<thead>
<tr>
<th>4 = Excellent  3 = Satisfactory  0 = Unsatisfactory  N = Not Applicable</th>
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- The scheduling process dates & times were?
- The supervisor’s ability to relate to me & facilitate my learning was?
- The time spent at the site to meet the FW objectives was?
- The caseload at the site to meet the FW objectives was?
- The variety of client ages to meet the FW objectives was?
- The variety of client dysfunctions to meet the FW objectives was?
- To improve the Level I FW for this course, I suggest the following….