Field Supervisor’s Evaluation of Student

Student Name:

Agency & Dept.:

Name/Title of Field Supervisor:

Dates of Placement:

This evaluation is designed primarily to provide feedback on job performance and related issues to assist the student in his/her academic, personal, and professional development. Please review and discuss your evaluation with the student.

Record your appraisal of the student’s performance by writing the appropriate number in the blank after each item. For any items with a rating of “1” of “2,” please provide an explanation in the space provided. Comments on any other items that would also help the student are encouraged. Use “N/A” if there has been no opportunity to observe the skill, or if it is not relevant to the work setting. Thank you for taking the time to serve as a site supervisor. Your participation is valued by the student and the program.

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# Scale:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** |
| **Beyond Expectations** |  | **Satisfactory** |  | **Below Expectations** |

# Evaluation:

|  |  |  |
| --- | --- | --- |
|  | **Rating** | **Comments** |
| 1. **INTERPERSONAL SKILLS**
 |
| 1. Ability to communicate with staff
 |  |  |
| b. Ability to communicate with clientele |  |  |
| c. Ability to work with and for others |  |  |
|  |
| **II. SUPERVISION** |
| 1. Ability to seek and use help
 |  |  |
| b. Openness to constructive criticism |  |  |
| c. Ability to work independently |  |  |
|  |
| **III. PERSONAL QUALITIES** |
| a. Decision making |  |  |
| b. Trust and confidentiality |  |  |
| c. Initiative |  |  |
| d. Creativity |  |  |
| e. Dependability |  |  |
| f. Punctuality |  |  |
| g. Professional appearance |  |  |
| h. Ability and willingness to learn |  |  |
| i. Adaptability |  |  |
| j. Adherence to agency rules/norms |  |  |
|  |
| **IV. SKILLS** |
| a. Communication (verbal/written) |  |  |
| b. Analyzing problems |  |  |
| c. Problem solving |  |  |
| d. Organization |  |  |
| e. Follow-through |  |  |
| f. Meeting deadlines |  |  |
|  |
| **V. OVERALL STUDENT RATING** |
| a. Taking all items into consideration, how would you rate this student’s performance at your agency? |  |  |

**VI. ACHIEVEMENT OF PROJECT OBJECTIVES**

In reviewing the project objectives outlined in the practicum contract (see scope of work), assess the extent to which you believe the student achieved these objectives. Discuss by what means you can determine whether each project objective was met. Please use a separate sheet of paper if necessary.

|  |  |  |
| --- | --- | --- |
| **Project Objectives** | **Met (Y/N)** | **Measures of Success** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**VII. ATTAINMENT OF MPH STUDENT COMPETENCIES**

In reviewing the MPH student competencies outlined in the practicum learning contract (see MPH competency inventory), assess the extent to which you believe the student mastered these competencies during their supervised field training experience. Discuss by what means you can determine these were achieved (i.e., measures of success).

|  |  |  |
| --- | --- | --- |
| **MPH Student Competency** | **Level of Mastery \*\* (C/SC/NC)** | **Measures of Success** |
| **General Public Health Competency (2)** |
| 1. |  |  |
| 2. |  |  |
| **Track Specific Competencies (2)** |
| 1. |  |  |
| 2. |  |  |

\*Restate competencies selected in inventory

\*\*Choices include: C = Competent; SC=Somewhat Competent; NC= Not Competent

**VIII. STUDENT PROFESSIONAL GROWTH**

1. Identify the areas of professional growth you have noticed in the student over the course of the internship.
2. What “professional development plan” would you recommend to the student (e.g., additional courses, skills or experience that would strengthen his/her career potential in public health)?
3. In your opinion, how well do prepared was the student to undertake the tasks asked of him/her during the course of the internship? Please make a section below and elaborate if appropriate.
	1. Very prepared
	2. Somewhat prepared
	3. Not very well prepared

**Please return this form via email to:**

MPH Practicum Coordinator

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