

## DCRS PRACTICUM STUDENT EVALUATION FORM

Date Submitted to Practicum Coordinator: \_\_\_\_\_

Student Name: \_\_\_\_\_ N# \_\_\_\_\_

<input type="checkbox"/> Practicum I	Term & Year _____
<input type="checkbox"/> Practicum II	Term & Year _____
<input type="checkbox"/> Teaching & Training	Term & Year _____

**Program/Department**

✓ DCRS (MS or Ph.D)  
✓ MACS

Thank you for taking the time to evaluate the practicum student who has worked with you for the last semester. The supervision and evaluation of students in field settings is a vital element in the overall development of each student as they progress through the program. Forms are to be submitted electronically to the Practicum Coordinator. The faculty greatly appreciates your candidness in responding to the following questions and assures you that everything you express in this evaluation is confidential. However, to make use of the information you provide we will create a brief summary of your ranking and comments so that it can be constructively integrated into the student's learning goals. This evaluation contains three categories of inquiry which include:

- I. Application of Substantive Knowledge
- II. Application of Practical Skills
- III. Professional Character and Demeanor
- IV. Collaborative Teamwork Performance

Please use the following scale to score the practicum students' performance in these four categories. In order to make the most of the evaluation please feel free to make comments and suggestions so we can help further guide the student in his or her professional and academic development.

**Unacceptable**  
**1**

**Acceptable**  
**2**

**Exceptional**  
**3**

*Please print or type:*

Site Name: \_\_\_\_\_

Name of Site Supervisor: \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

*For office use only: Received* \_\_\_\_\_

***I. Application of Substantive Knowledge***

Did the student demonstrate and apply knowledge and/or make recommendations that apply to the field?

<i>Score</i>	<i>Comments</i>	<i>Recommended Changes</i>

***II. Application of Practical Skills***

Did the student make use of various practical skills that apply to the field?

<i>Score</i>	<i>Comments</i>	<i>Recommended Changes</i>

***III. Professional Character and Demeanor***

How does the student conduct him or herself?

<i>Score</i>	<i>Comments</i>	<i>Recommended Changes</i>

***IV. Collaborative Teamwork Performance***

How does the student work with colleagues and yourself in meeting needs or achieving organizational goals?

<i>Score</i>	<i>Comments</i>	<i>Recommended Changes</i>

Please use the space below to provide us with any information that may be helpful to the student or the department in improving the practicum sequence. We are particularly eager to learn of creative and innovative ways to successfully combine academic and supervised practical application opportunities for our students.

*Additional Comments*

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Are you and your organization interested in facilitating practicum student supervision in the future? \_\_\_\_\_

*Thank You for your time and consideration in this matter.  
For inquiries please contact the practicum coordinator (954) 262-3075.*

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Site Supervisor Name (Print)

Site Supervisor Signature

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Date