SUPERVISOR EVALUATION of FIELD EXPERIENCE

Undergraduate Degree Programs
Rocket Hall, Suite 1300
419.530.3142

Student Name __________________________ Date ____________________

Supervisor Name ________________________ Title ______________________

Organization ____________________________ Phone Number ____________________

Address ________________________________ City __________________ State ________

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As the on-site supervisor of the Field Experience completed by the above named student, please assist us to evaluate the student’s project by answering the following questions.

What is your best estimate of the number of hours this person spent on the field experience? _______

Was the majority of the field experience completed outside the time the individual normally works for you? Yes _____ No _____

IN YOUR OPINION:

Did the field experience make a positive contribution to your organization? Yes _______ No _______

Material from the field experience will be adopted by my organization: Yes _______ No _______

How would you rate the student’s overall performance in the project? (Please check one)

Outstanding _______ Very Good _______ Good _______ Fair _______ Poor _______

COMMENTS: (Attach additional comments if additional space is needed.)

Please add your comments indicating your reaction to the Field Experience, the resulting project and the student’s overall performance.

Name (please print or type) __________________________ Date ______________

Signature________________________________________________ Date___________