 Memorial University of Newfoundland

 School of Social Work

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***Student Evaluation of BSW/MSW Field Practicum***

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| --- | --- |
| Field Instructor Name |  |
| Field Practicum Setting  |  |
| Dates of Field Practicum |  |
| Practicum type (select one) | BSW 1st practicum  |  | BSW 2nd practicum  |  | MSW practicum  |  |
| Date Form Submitted |  |

Please select (X) one of the following:

|  |  |
| --- | --- |
| I have shared this form with my field instructor(s) and agency mentor(s). |  |
| I have not shared this form with my field instructor(s) and agency mentor(s). I am willing to have the Field Education Coordinators provide feedback in general terms to my field instructor(s) and agency mentor(s). |  |

Rate the following statements based on your current practicum experience using this scale:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Never | 0 | Rarely  | 1 | Sometimes  | 2 | Often  | 3 | Always  | 4 |

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| My practicum provided opportunities to increase my knowledge and skills in working with: |
| Individuals  |  |
| Families  |  |
| Groups  |  |
| Communities  |  |
| Social workers |  |
| Interdisciplinary teams |  |
| Agencies/organizations |  |

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| My field practicum provided opportunities to increase my knowledge and skills through: |
| Agency orientation  |  |
| In-service training  |  |
| Participating in workshops/seminars |  |
| Conducting workshops/seminars  |  |
| Literature/resource review  |   |
| Project/program planning/development/evaluation |  |
| Policy analysis/development/evaluation |  |
| Case conferences  |  |
| Team/staff meetings  |  |
| Interagency meetings |  |

Rate the following statements based on your current practicum experience using this scale:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Strongly disagree | 1 | Disagree | 2 | Neither agree or disagree | 3 | Agree | 4 | Strongly agree | 5 |

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| The Field Practicum: |
| The primary focus of the field practicum was my learning.  |  |
| I understood the objectives, procedures, and expectations of the field practicum.  |  |
| I understood the requirements and purposes of the Learning Contract. |  |
| I understood the criteria for the Evaluation of Student Learning.  |  |
| My experience in my Field Practicum was: |
| Consistent with social work values and the CASW Code of Ethics.  |  |
| Free from discrimination.  |  |
| My field practicum provided opportunities for me to: |
| Achieve my learning goals.  |  |
| Integrate theory and practice. |  |
| Apply social work values, knowledge, and skills acquired through the curriculum to social work practice.  |  |
| Analyze and address in practice the dynamics and consequences of oppression with diverse populations (integrating social work values, knowledge, and skills). |  |
| Develop competence in social work practice, including professional reflection and self-evaluation.  |  |
| Please provide any additional comments on your Field Practicum experience:  |

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| Field Practicum Coordination and Instruction  |
| The Field Education Coordinator facilitated an appropriate match between me as student, the field instructor(s)/agency mentor(s), and field setting.  |  |
| The field instructor(s)/agency mentor(s): |
| Demonstrated a commitment to social work education and professional training. |  |
| Committed sufficient time and resources to guide and evaluate my practicum experience. |  |
| Provided educationally-focussed field instruction and practice supervision.  |  |
| Was clear and consistent in their expectations. |  |
| Provided a comprehensive evaluation of my practice performance and professional development.  |  |
| Integrated feedback from weekly field instruction into the Midterm and Final Evaluations of Student Learning.  |  |
| The field setting provided me with adequate facilities, equipment, and learning materials.  |  |
| Please comment on your experience of field practicum coordination and field instruction: |

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| Please provide your overall thoughts and feedback about your field practicum: |
| What were the positive aspects of the field practicum? |
| What were the negative aspects of the field practicum?  |
| What could be done to improve this practicum for future students?  |
| What type of student would benefit from a field practicum in this program/agency? |
| What recommendations would you make to the School of Social Work regarding field education? |
| Would you recommend this field setting to other students? | YES |  | NO |  |
| Please comment on your recommendation: |
| Would you recommend the field instructor(s)/agency mentor(s) to other students? | YES |  | NO |  |
| Please comment on your recommendation: |

***Thank you for taking the time to complete this evaluation.***

***Student feedback is critical in the ongoing monitoring and development of field education.***

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). It is required for facilitating field education, academic administration, and program planning. Questions about this collection and use of personal information may be directed to the Field Education Coordinator at (709) 864-8165.

**By completing and submitting this form, you consent to this collection of your personal information for the purposes outlined above.**

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| Please email the completed form to scwkfield@mun.ca.  |