

EVALUATION OF FIELD PLACEMENT



2500 W. North Avenue
Baltimore, Maryland 21216-3698
Office of Field Services
Phone: 410-951 - 3071

*PRE-CANDIDATE EVALUATION FORM
(Observation and Participation Activities)*

Dear Supervisor:

Please complete this form and return to this office for our records. Thank you for your cooperation.

Student's Name: _____
Field Experience Site: _____
Site Supervisor's Name: _____
Type of Experience: _____
Dates of Involvement: From ____/____/____ to ____/____/____
Total Clock Hours: _____
Course Name and Number: _____
University Instructor's Name: _____

Rating Key: 3 = Exceeds Expectations
2 = Meets Expectations
1 = Needs Improvement

Please print one of the above numbers adjacent to each item below:

Attendance _____
Punctuality _____
Positive Attitudes _____
Apparent Interest _____
Response to Requested Assistance _____
Evidence of Responsibility _____

Supervisor's Comments:

Date: _____

Supervisor's Signature: _____