Sk8105 Final Field Practicum Evaluation

1. Field Instructor completes the evaluation form in collaboration with the student.
2. Field Instructor and the student electronically sign the completed evaluation form.
3. Field instructor submits the completed and signed learning plan to the Faculty Consultant.\*
4. Faculty Consultant reviews the completed evaluation form and provides feedback to the student and Field Instructor.
5. Faculty Consultant electronically signs the evaluation form.

\* If the student submits the form to relieve the administrative burden from the Field instructor, then the Field instructor must be copied in the email submission.

# Placement Information

| Information | Response |
| --- | --- |
| Student’s name |       |
| Placement setting |       |
| Field Instructor’s name |       |
| Field Instructor’s telephone number |       |
| Field Instructor’s email |       |
| Faculty Consultant’s name |       |
| Number of field practicum hours completed for both terms |       |

**Please review and discuss the** [**MSW Field Education Manual**](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/graduate/msw-field-education-manual.pdf)**, course outline, and the learning plan in preparing this evaluation. While the evaluation is a collaboration effort between the student and the Field Instructor, it is the Field Instructor’s responsibility to complete the evaluation. It is the student’s responsibility to submit the completed evaluation to the Faculty Consultant.**

# Practice

**Provide a brief description of the student’s practice activities to date (please refer to the learning plan and mid-term field practicum evaluation for details).**

# Knowledge and skills

**With reference to knowledge and skills, please evaluate the student’s progress in relation to the following learning goals. Please refer to directly to the specific learning goals and objectives that were agreed to within the MSW learning plan.**

1. **Learning Goal: To acquire new knowledge necessarily for advanced practice.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop new practice / intervention skills necessary for advanced practice.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop skills and knowledge which allow for integration of anti-oppressive theory and values in everyday social work practices.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop advanced knowledge and skills necessary for working within a context of diversity.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop skills and knowledge necessary to engage in critical reflection and to critique social work processes and practices.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To understand, uphold and critique the C.A.S.W. Code of Ethics.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop knowledge about local and global social policies and human rights and political frameworks impacting social work practices.**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop skills in leadership (e.g., taking initiative, mobilizing people, demonstrating independence and responsibility, sharing a vision).**

**Strength(s):**

**Area(s) of improvement:**

1. **Learning Goal: To develop knowledge of the organizational context within which practice happens, as well as the ability to work effectively within the specific / current organizational context.**

**Strength(s):**

**Area(s) of improvement:**

1. **Additional learning objectives.**

**Strength(s):**

**Area(s) of improvement:**

# Personal Ethics and Recommendation

**Identify the personal ethics demonstrated by the student within the practicum setting (i.e., punctuality, integrity, honesty, confidentiality, handling ethical dilemmas, meeting deadlines, etc.).**

**Please make a recommendation for the student’s grade.**

[ ]  Recommend pass

[ ]  Recommend fail

[ ]  Recommend repeat term / extended hours\*

**\*If you’ve recommended a placement extension, please indicate:**

1. **What areas require improvement?**
2. **Would you be willing to continue the supervision?**
3. **What is the suggested timeline of extension?**

**Additional comments if any:**

# Electronic Signatures

[ ]  By checking this box and typing my name, I understand that I am electronically signing this evaluation form.

Field Instructor Print Name:

Date:

[ ]  By checking this box and typing my name, I understand that I am electronically signing this evaluation form.

Student Print Name:

Date:

[ ]  By checking this box and typing my name, I understand that I am electronically signing this evaluation form.

Faculty Consultant Print Name:

Date:

# For Internal Office Use Only

| To be completed by the Faculty Consultant upon receipt of the completed field practicum evaluation |
| --- |
| [ ]  The Field Instructor listed in the *Signatures* section of this form is the **same individual** listed on the placement roster  |
| [ ]  The Field Instructor listed in the *Signatures* section of this form is **someone different** than the individual listed on the placement roster\* |
| [ ]  I am not sure\*  |

\*Please notify the Field Education Office of change in field instruction.