SWP 51A/B Mid-Term

Field Practicum Evaluation

# Instructions

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 evaluation 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.

NOTE: This form is to be completed collaboratively by the Field Instructor and student. Please review and discuss the [BSW Field Education Manual](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/undergraduate/field-education/BSW_Field_Education_Manual.pdf), the course outline, and the student’s learning plan in preparing this evaluation. While the evaluation is a cooperative 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 ensure the completed evaluation is submitted to the Faculty Consultant. By completion of the SWP 51A/B (fourth year) field practicum, the student must demonstrate competency in the following areas:

* understanding of the organizational context of practice, specifically as it relates to the practicum / agency setting;
* understanding of the interrelationship of policy and practice;
* facilitation of personal and social change processes;
* the role of research within practice;
* evaluation of practice and use of feedback;
* understanding of the professional role and the values and ethics of social work;
* capacity for critical self-reflection.

**Student name:**

**Placement Organization name:**

**Field Instructor name:**

# Field Practicum Hours

**Number of practicum hours completed:**

# Questions

**Provide a brief description of the student’s practice activities to date.**

**In terms of a knowledge base gained, please identify what the student has learned thus far.**

**In terms of social work practices / skills, please identify what the student has learned and demonstrated thus far.**

**Evaluate how the student has demonstrated the values identified in the social work code of ethics including both strengths and areas of improvement.**

**Evaluate how the student has demonstrated professionalism within the practicum setting (e.g., punctuality, confidentiality, dress, handling ethical dilemmas, meeting deadlines, writing case notes, report writing) including both strengths and areas of improvement.**

**Identify ways in which the student has demonstrated social justice and anti-oppression practice within the practicum setting including both strengths and areas for improvement.**

**Will the student be involved in different activities in the second semester? If so, please briefly describe these activities and the reason(s) for change in activities.**

**Summary statement of learning to date:**

# ReCommendations

**According to the** [**BSW Field Education Manual**](https://www.torontomu.ca/content/dam/social-work/pdfs/student-resources/undergraduate/field-education/BSW_Field_Education_Manual.pdf)**, the student, Field Instructor and Faculty Consultant will “involve themselves in a mutual, ongoing evaluative process that will culminate with the assignment of a grade at the end of each term”.**

**Please make a recommendation for the student’s grade at mid-term.**

[ ]  Exceeding expectations

[ ]  Meeting expectations

[ ]  Needs to improve

**If student needs to improve, please outline the specific area(s) and a plan for improvement.**

**Additional comments, if any:**

# Signatures

**Field Instructor Name:**

**Date:**

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

**Student Name:**

**Date:**

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

**Faculty Consultant Name:**

**Date:**

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

# 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 Program Administrator of change in field instruction.