**Indiana Wesleyan University**

**College of Adult and Professional Studies, School of Liberal Arts**

**Department of Behavioral and Social Sciences**

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**Student’s Evaluation of Field Supervisor**

**This form must be completed by the student and faxed or emailed to the School of Liberal Arts Office within one week of the completion of the practicum course.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name**: | | | | | | **Student ID**#: | | | |
| **Practicum Course: ADC 461-464** | | | | Evaluation Start Date:  Evaluation End Date: | | | | | |
|  |  | | |
| **Site Name:** | | | | | | | | | |
| **Site Supervisor’s Name:** | | | | | | | | | |
| **Did you receive weekly supervision?** YES NO | | | | | | | | | |
| **Evaluation Metrics and Scale** | | **Not**  **Observed** | **Poor** | | **Below**  **Average** | | **Average** | **Above**  **Average** | **Superior** |
| **Quality of the supervision provided** | |  |  | |  | |  |  |  |
| **Provided clear and consistent expectations** | |  |  | |  | |  |  |  |
| **Approachable** | |  |  | |  | |  |  |  |
| **Professional ethics** | |  |  | |  | |  |  |  |
| **Respectful to you** | |  |  | |  | |  |  |  |
| **Respectful to clients** | |  |  | |  | |  |  |  |
| **Respectful to staff** | |  |  | |  | |  |  |  |
| **Teaching ability** | |  |  | |  | |  |  |  |
| **Overall Supervision Experience** | |  |  | |  | |  |  |  |
| **What was the most helpful\useful part of your Practicum\Internship experience?** | | | | | | | | | |
| **What areas and/or experiences in your Practicum\Internship could have been better?** | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | |

**Required Signatures:**

Date

Student