

## COLLEGE SUPERVISOR EVALUATION - STUDENT FORM

Student Name:		Cortland ID:	
Date		Current	
College Supervisor:		Student Email:	
Semester in which fieldwork was completed: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
Year: 20_____			

The purpose of this evaluation is to assess the effectiveness of the Health Department faculty member as a "college supervisor." Your candid responses will be greatly appreciated.

	<b>DID THE COLLEGE SUPERVISOR...</b>	YES	NO	Not Applicable
1	Make contact with you during the first week of the fieldwork experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Ensure that you knew where to access the Health Fieldwork Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Offer to clarify the student's responsibilities as described in the Health Fieldwork Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Maintain communication with your agency throughout the Fieldwork experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Attempt to resolve problems that may have arisen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Provide Support and encouragement throughout the Fieldwork experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Provide feedback to materials submitted by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Health department strives to improve the quality of the fieldwork experience. Please feel free to offer any suggestions or comments to improve the fieldwork experience. Thank You.

Comments: