

## COLLEGE SUPERVISOR EVALUATION - AGENCY FORM

Student Name:		Cortland ID:	
Date Submitted:		Current Phone:	
College Supervisor:		Agency Supervisor Email:	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
Semester in which fieldwork was completed:			
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.*

	DID THE COLLEGE SUPERVISOR...	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 Field Work 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"/>

*The Health department continually strives to improve the quality of the fieldwork experience. Please feel free to offer any suggestions or comments regarding the overall quality of the experience, rapport established by the college supervisor, and general relationship with the health department. Thank you very much for accepting our student to work with you and others in your agency. Your guidance and contributions to the student's professional development are sincerely appreciated. We look forward to the possibility of working with you again.*

Comments: