

OVERALL FINAL APPRAISAL

Check descriptive statement best reflecting student's performance during field experience.

_____ Should receive no credit for the field internship.

_____ Should be counseled about not entering the community health profession.

_____ Needs some guidance in initial community health profession.

_____ Has great potential for the community health profession.

Student Acknowledgment

The above evaluation has been discussed with me by my agency supervisor.

Student's signature

Date

Agency Supervisor Acknowledgment

The above evaluation is an honest assessment of student's performance and has been discussed with the student.

Agency Supervisor's Signature Date

Return this form to the College Supervisor.