

COLLEGE SUPERVISOR EVALUATION - STUDENT FORM

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|--|--|----------------|--|
| 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.

| | 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 Fieldwork Manual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Contact you at least once per quarter or as needed? | <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 that you submitted? | <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 regarding the fieldwork experience. Thank You.