

## STUDENT FEEDBACK ON FIELD EDUCATION COURSE

Please indicate if the BSW Field Placement is through	Campus Delivery	Distance Delivery
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Name of Student:			Pronouns:	
Time of Placement:	Fall	Winter	Summer	Year
Block Placement:	Yes	No		
Name of Faculty Advisor:				
Name of Agency Instructor:				
Name of Agency:				
Location of Agency:				

<b>Types of Learning Experiences Available in the Agency:</b>	
Individual Work (in person, telephone, intake, support, referral, assessment, other) Specify:	
Family/Couple Counselling Specify:	
Group Work (education, therapeutic, support, other) Specify:	
Committee Work Specify:	
Participating in Agency Meetings (team meetings, case conferences, case planning, intake, other) Specify:	
Community Liaison Specify:	

Advocacy Specify:
Education (client, public, other) Specify:
Community Development, Social Action Specify:
Other:

<b>FIELD PLACEMENT AGENCY</b>	Yes	No	Somewhat
1. Did the Agency feel open and welcoming to you as a Student/Learner?			
2. Was there a planned orientation to the agency at the beginning of the placement?			
3. Did you feel comfortable in your work area?			
4. Did you feel a part of the team?			
5. Were the learning opportunities available consistent with your learning goals?			
6. Were there opportunities for idea exchange and discussions of issues?			
7. Were there opportunities to apply what you learned in your other social work courses?			
8. Were you challenged to learn more about specific areas of social work practice?			
9. Were there experiences that you expected to get that were not available? If yes, what were they?			
10. Were there unexpected experiences that you gained? Explain			

<b>AGENCY INSTRUCTOR</b>	Very Good	Good	Fair
<b>In your estimation, did the Agency Instructor have:</b>			
1. Knowledge related to your learning goals?			
2. Knowledge of community resources related to the Agency?			
3. Ability to identify individual learning needs?			
4. Understanding of your individual learning goals and objectives and planned opportunities to meet them?			

	Very Good	Good	Fair
5. Time with you for consultation, advice, direction?			
6. Planned regular supervision?			
7. Timely, constructive feedback on practice performance?			
8. Integration of theory and practice issues?			
9. Analysis of practice problems?			

Was the Agency Instructor effective and organized in carrying out the role?	Yes	No
If no, explain:		
Was your time in the placement well planned and utilized?	Yes	No
If no, explain:		

Please elaborate on the strengths of your Agency Instructor.

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Please elaborate on any areas of concern in relation to your Agency Instructor.

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Please elaborate on what you think were the most significant contributions your field experience made to your overall professional development.

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Please comment on the effectiveness of the process used to find your placement.

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Please comment on the role of the SSW Field Education Coordinator.

Helpful

Not Helpful

Please elaborate.

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What changes do you think should be made to improve the BSW Field Education program?

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**Thank you!**

**Please return form to Field Education Assistant [sswfield@dal.ca](mailto:sswfield@dal.ca)**