

STUDENT

FEEDBACK ON FIELD EDUCATION COURSE

Please indicate if the BSW Field placement is through:

Campus Delivery Distance Delivery

Name of Student: _____

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: _____

Types of Learning Experiences Available in the Agency:

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: _____

FIELD PLACEMENT AGENCY:

	<u>Yes</u>	<u>No</u>	<u>Somewhat</u>
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 discussion 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? a. If yes, what were they? _____			
10. Were there unexpected experiences that you gained? a. Please explain: _____			

AGENCY INSTRUCTOR:

	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>
1. Knowledge related to your learning goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge of community resources related to the Agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to identify individual learning needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understanding of your individual learning goals and objectives and planned opportunities to meet them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Time with you for consultation, advice, direction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Planned regular supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Timely, constructive feedback on practice performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Integration of theory and practice issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

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

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

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

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

Helpful Not Helpful

Please Elaborate.

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

Thank you!
Please return form to:
Field Education Assistant
sswfield@dal.ca