

**Field Instructor Online Training Evaluation Form  
Academic Year 2011-2012**

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: (certificates will be mailed to this address) \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Continuing Education Credit:**

If you would like to receive CEU credit please provide the following information:

LCSW #: \_\_\_\_\_

I. Please describe how important each section will be for you as you train your student on:

**Module 1. Welcome to the Field Instructor Training.**

1                       2                       3                       4                       5

*Not Important*

*Very Important*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Module 2. Roles & Responsibilities.**

1                       2                       3                       4                       5

*Not Important*

*Very Important*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Module 3. Process Recordings.**

1                       2                       3                       4                       5

*Not Important*

*Very Important*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



