

**INFORMATION  
AND  
FORMS  
FOR  
AGENCY SUPERVISORS**

**NEW YORK CITY COLLEGE OF TECHNOLOGY**  
**of the**  
**City University of New York**  
**300 Jay Street**  
**Brooklyn, New York 11201**  
**Human Services Department**  
**Agency Field Work Contract**

This agreement between the Human Services Department of NYCCT (hereafter called the college) and \_\_\_\_\_ hereafter called the agency) agree to provide field work experience for students as part of the Human Services curriculum.

- (1) The agency agrees to provide opportunities for practical learning and to enable students to meet the objectives of the Human Services Fieldwork seminar as stated in the Fieldwork Manual.
- (2) The College will select students to be interviewed by the Agency and share with the Agency, prior to placement, student's academic record, and previous work experiences.
- (3) The agency reserves the right to reject any student who, in the Agency's judgment does not meet the criteria for acceptance.
- (4) Dismissal of student from an Agency will be a mutually agreed upon decision made between Agency, Field Coordinator and Chairperson.
- (5) The Agency will provide students with such assignments and client contacts as are appropriate to meet the objectives of the Fieldwork.
- (6) The Agency agrees to inform the College Fieldwork Coordinator of any changes in policies, procedures and/or staffing that might affect the quality or nature of the Field Work experience.
- (7) The Agency will provide the use of office space, including privacy for interviewing and such equipment and supplies as are necessary for the accomplishment of the student's learning objectives.

(over)

**Agency Field Work Contract (Contd.)**

- (8) The College will assign a faculty member to serve as a liaison between the College and the Agency who will be responsible for maintaining contact (visits, by phone) in regards to a student's progress.
- (9) The Agency will appoint a qualified staff member to serve as a field supervisor of students. Field Supervisors for Associate Degree students must have at least a bachelor's degree in Human Services or a related field. Field Supervisors for Baccalaureate Degree students must have at least a Master's Degree in Human Services or related field.
  - a) The Agency Supervisor will be responsible for directing and supervising the student's fieldwork experience by due date.
  - b) This Agency Supervisor will also be responsible for verifying the hour's students have worked by due date.
  - c) The Agency Supervisor will complete and return to the College a monthly checklist evaluation form.
  - d) The Agency Supervisor will provide a structured orientation within the first week of fieldwork experience.
  - e) The Agency Supervisor will complete and send to the college an overall student evaluation of his/her performance for the semester by due date.
  - f) The agency supervisor will communicate any urgent or serious student concerns and or any urgent or serious changes in supervision with the student's on-campus seminar instructor in a timely fashion through the Human Service Office (718) 260-5135.
- (10) Students are required to follow agency hours and office procedures. Students will be required to maintain confidentiality, with respect to any information acquired during the field work experience.
- (11) The agency agrees to supply the student with sufficient hours of field work experience that will enable the student to complete his/her course requirements.
- (12) The Agency Field Supervisor is required to attend at least one Human Services Department sponsored field supervisor workshop/forum each year.
- (13) This agreement will remain valid until canceled by either or both parties. Such cancellation must be in writing to the other party prior to the start of the academic semester

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

Name of Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Certification/License/Degree (Please attach a copy for our records): \_\_\_\_\_

NEW YORK CITY COLLEGE OF TECHNOLOGY  
OF THE CITY UNIVERSITY OF NEW YORK  
HUMAN SERVICES DEPARTMENT

SUPERVISOR'S EVALUATION OF STUDENT

Please check:

A.A.S. ( )

B.S. ( )

Student's Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Site: \_\_\_\_\_

Agency Address: \_\_\_\_\_

General Description of Agency and Services Provided: \_\_\_\_\_

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Description of Student's Assignment: \_\_\_\_\_

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**Instructions:** This form is designed to help supervisors provide feedback about the performance of interns. I know you are probably busy, but the form usually takes just five or ten minutes to complete and your answers and comments will be much appreciated. This form will become part of the intern's record for this course and may be considered in assigning grades for the internship. Please answer each item using the scale provided. Space is provided following each category group for specific comments. There is also space at the end of this form for general comments. If you feel it would be helpful to put anything into context from the outset, please feel free to do so below.

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

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**Supervisor's Evaluation Of Student (Contd.)**

**Answer Code for Evaluation Items**

NA. Not applicable or not enough information to form a judgment

- 1. Far Below Expectations - Needs much improvement, a concern.
- 2. Below Expectations - Needs some improvement to meet standards.
- 3. Acceptable - Meets standards at average level for interns.
- 4. Above Expectations - Performs above average level for interns.
- 5. Far Above Expectations - A definite strength, performs well beyond average levels for interns.

**I. Basic Work Requirements**

- \_\_\_\_\_ Arrives on time consistently.
- \_\_\_\_\_ Informs supervisor and makes arrangements for absences.
- \_\_\_\_\_ Reliably completes requested or assigned tasks on time.
- \_\_\_\_\_ Completes required total number of hours or days on site.
- \_\_\_\_\_ Is responsive to norms about clothing, language, etc., on site.

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

Suggested areas for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Ethical Awareness and Conduct**

- \_\_\_\_\_ Knowledge of general ethical guidelines.
- \_\_\_\_\_ Knowledge of ethical guidelines of internship placement.
- \_\_\_\_\_ Demonstrates awareness and sensitivity to ethical issues.
- \_\_\_\_\_ Personal behavior is consistent with ethical guidelines.
- \_\_\_\_\_ Consults with others about ethical issues if necessary.

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

Suggested areas for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Evaluation Of Student (Contd.)**

**Answer Code for Questions**

NA. Not applicable or not enough information to form a judgment.

- 1. Far Below Expectations - Needs much improvement, a concern.
- 2. Below Expectations - Needs some improvement to meet standards.
- 3. Acceptable - Meets standards at average level for interns.
- 4. Above Expectations - Performs above average level for interns.
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**III. Knowledge**

A. Knowledge of Client Population

- \_\_\_\_\_ Knowledge of treatment approach at beginning of internship.
- \_\_\_\_\_ Knowledge level of client population at end of internship.

B. Knowledge of Treatment Approaches

- \_\_\_\_\_ Knowledge of treatment approach at beginning of internship.
- \_\_\_\_\_ Knowledge of treatment approach at end of internship.

C. Knowledge of Treatment Setting

- \_\_\_\_\_ Knowledge of treatment at beginning of internship.
- \_\_\_\_\_ Knowledge of treatment setting at end of internship.

**IV. Response to Supervision**

- \_\_\_\_\_ Recognition of personal attitudes and biases.
- \_\_\_\_\_ Willingness to discuss personal limitations, attitudes and biases.
- \_\_\_\_\_ Personal commitment and conscientiousness.
- \_\_\_\_\_ Repeat for confidentiality of personal information.

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

Suggested areas for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Evaluation Of Student (Contd.)**

**Answer Code for Questions**

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- 2. Below Expectations - Needs some improvement to meet standards.
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**V. Student Evaluation**

Information Management Skills

- \_\_\_\_\_ Psychosocial summary
- \_\_\_\_\_ Treatment/service plan
- \_\_\_\_\_ Client data
- \_\_\_\_\_ Record keeping
- \_\_\_\_\_ Research reports

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

Suggested areas for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Interaction with Co-workers**

- \_\_\_\_\_ Appears comfortable interacting with other staff members.
- \_\_\_\_\_ Initiates interactions with staff.
- \_\_\_\_\_ Communicates effectively with staff.
- \_\_\_\_\_ Effectively conveys information and expresses own opinions.
- \_\_\_\_\_ Effectively receives information and opinions from others.

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

Suggested areas for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Evaluation Of Student (Contd.)**

**Answer Code for Questions**

- NA. Not applicable or not enough information to form a judgment.  
 1. Far Below Expectations - Needs much improvement, a concern.  
 2. Below Expectations - Needs some improvement to meet standards.  
 3. Acceptable - Meets standards at average level for interns.  
 4. Above Expectations - Performs above average level for interns.  
 5. Far Above Expectations - A definite strength, performs well beyond average levels for interns.

**VII. Direct Service**

	Individual Counseling	Group Counseling	Family Counseling
Appears comfortable interacting with clients			
initiates interactions with clients			
communicates effectively with clients			
builds rapport and respect with clients			
is sensitive and responsive to client's needs			
is sensitive to issues of gender differences			
believes client self-determination			
respects the personal values of clients			

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

Suggested areas for improvement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Supervisor's Evaluation Of Student (Contd.)**

**Answer Code for Questions**

NA. Not applicable or not enough information to form a judgment.

- 1. Far Below Expectations - Needs much improvement, a concern.
- 2. Below Expectations - Needs some improvement to meet standards.
- 3. Acceptable - Meets standards at average level for interns.
- 4. Above Expectations - Performs above average level for interns.
- 5. Far Above Expectations - A definite strength, performs well beyond average levels for interns.

**VIII. Work Productivity**

- \_\_\_\_\_ Reliably and accurately keeps records.
- \_\_\_\_\_ Written or verbal reports are accurate and factually correct.
- \_\_\_\_\_ Written or verbal reports are presented in professional manner.
- \_\_\_\_\_ Reports are clinically or administratively useful.

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

Suggested areas for improvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Evaluation:**

What would you identify as this student's strong points? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you identify as areas in which this student should improve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Evaluation Of Student (Contd.)**

Would you recommend this intern for employment at his or her present level? Please explain:

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Additional Comments:

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Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency \_\_\_\_\_

Agency stamp

Thank you for completing this evaluation.

**INFORMATION**

**AND**

**FORMS**

**FOR**

**STUDENTS**

**NEW YORK CITY COLLEGE OF TECHNOLOGY**  
**Department of Human Services**  
**Student Field Work Agreement (AAS)**

**Student's Name:** \_\_\_\_\_  
**Course:** \_\_\_\_\_  
**Instructor** \_\_\_\_\_

**Soc. Sec. #** \_\_\_\_\_  
**Section:** \_\_\_\_\_  
**Semester** \_\_\_\_\_

I have attended the Field Work Orientation, and received information regarding the requirements of the field practicum. I have read the Field Work Manual and understand all the requirements. I agree that:

1. I will not be considered in attendance in HUS 2305 or HUS 2405 until I bring the Agency Placement Form to the Office of Field Practicum by the end of the second week of class. If the form is not submitted, I understand that I will be dropped from the class.
2. I understand that agencies may do background checks and may require fingerprinting, inoculations, physical checkups and other procedures prior to agency placement. It is my responsibility to provide correct information to the agencies and the placement agency. Dismissal from the agency based on incorrect or incomplete information may require me to withdraw from the internship until I am able to provide appropriate documentation.
3. I am required to complete two hundred and fifty hours (250) of fieldwork for the Associate Degree in Human Services. One hundred and twenty-five hours for HUS 2305 and another one hundred and twenty-five hours for HUS 2405.
4. I agree to be at my agency field site the first week of classes until the last class session. I will not be permitted to finish my fieldwork before the fourteenth (14<sup>th</sup>) week of class even if the total numbers exceeds one hundred and twenty-five hours (125) for each internship semester.
5. I will be required to withdraw from the field practicum course if I have not completed sixty (60) hours by mid-semester.
6. I am responsible for discussing with my field supervisor the learning objectives and required field assignments. I must notify and work with my fieldwork instructor during the first two weeks of class to resolve any serious problems or issues about appropriate assignments.
7. I am not permitted to select or change an agency placement without approval from the Coordinator of Field Placement.
8. All excused absences from field placement must be verified by presenting a medical document to the instructor. I cannot be absent from any of my classes to fulfill agency responsibilities.
9. Incomplete ("I") grades are not given for Field Practicum courses HUS 2305 or HUS 2405.
10. If I am planning to continue agency field placement in HUS 2405, I must get approval from the agency supervisor, fill out another agency placement form, and submit it to the Coordinator of Field Placement by the 13<sup>th</sup> week of class.
11. I will not be permitted to register for HUS 2405 until all course and agency requirements for HUS 2305 are completed.

Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**NEW YORK CITY COLLEGE OF TECHNOLOGY**  
**Department of Human Services**  
**Student Field Practicum Agreement (B.S.)**

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

Soc. Sec. # \_\_\_\_\_

Course: \_\_\_\_\_

Instructor \_\_\_\_\_

Semester \_\_\_\_\_

Section: \_\_\_\_\_

I have attended the Field Practicum Orientation and received information regarding the requirements of the field practicum. I have read the field work manual and understand all the requirements. In addition I have taken HUS 2305 and HUS 2405 or their equivalent, which must be approved by the Field Work Director.

I agree that:

1. I will not be considered in attendance in HUS 4701 or HUS 4801 until I bring the Professional Learning Contract to the Coordinator of Fieldwork. This form must be returned by the end of the second week of class. If the form is not submitted I will be dropped from the class.
2. I understand that agencies may do background checks and may require fingerprinting, inoculations, physical checkups and other procedures prior to agency placement. It is my responsibility to provide correct information to the agencies and the placement agency. Dismissal from the agency based on incorrect or incomplete information may require me to withdraw from the internship until I am able to provide appropriate documentation.
3. I am required to complete four hundred hours (400) of fieldwork for the BS Degree in Human Services. Two hundred hours for HUS 4701 and another two hundred hours for HUS 4801.
4. I agree to be at my agency field site the first week of classes until the last session. I will not be permitted to finish my fieldwork before the fourteenth (14th) week of class even if the total number exceeds two hundred hours (200).
5. I will be required to withdraw from the professional internship course if I have not completed one hundred (100) hours by mid-semester.
6. I am responsible for discussing with my field supervisor the learning objectives and required field assignments. I must notify and work with my fieldwork instructor during the first two weeks of class to resolve any serious problems or issues about appropriate assignments.
7. I am not permitted to select or change an agency placement without approval from the Coordinator of Fieldwork.
1. I am expected to remain 2 consecutive semesters (400 hours) at the same agency.
2. All excused absences from field placement must be verified by presenting medical document to the instructor and/field supervisor. I cannot be absent from any of my classes to fulfill agency responsibilities.
3. Incomplete ("I") grades are not given for Professional Internship Courses HUS 4701 or HUS 4801.
4. I will not be permitted to register for HUS 4801 unless I fulfill all the course and agency requirements for HUS 4701.

Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**Monthly Checklist for Field Supervisors**

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_

Course \_\_\_\_\_ Section \_\_\_\_\_ Semester \_\_\_\_\_ Instructor \_\_\_\_\_

Name of Agency \_\_\_\_\_ Field Supervisor \_\_\_\_\_

<b><u>Meetings:</u></b>	<b><u>Number of Assignments</u></b>	<b><u>Comments</u></b>
Intern Orientation		
Staff Meetings		
Case Conferences		
Community Meetings		
Other (Please Specify)		

**Supervision (Please check all that apply)**

Individual	_____ ½ hour weekly	_____ 1 hour weekly	_____ 1 hour bi-weekly
Group	_____ ½ hour weekly	_____ 1 hour weekly	_____ 1 hour bi-weekly

<b>Contacts</b>	<b>Formal #</b>	<b>Informal #</b>	<b>Comments</b>
Individual			
Group			
Family			

<b>Professional Writing</b>	<b>Number of Assignments</b>	<b>Comments</b>
Progress Notes (Individual, Group, or Family)		
Phone Contacts		
Intake Summary		
Assessment and Planning Summary		
Professional Letters		
Special Projects (Flyers, Websites, Manuals, etc. please specify)		

**Concerns (regarding students' performance, behavior, attitude and appearance this month)** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Was the student supervised/informed about these concerns? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Agency Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Seminar Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

NEW YORK CITY COLLEGE OF TECHNOLOGY  
CITY UNIVERSITY OF NEW YORK

Please Check:  
A.A.S. (    )  
B.S. (    )

**HUMAN SERVICES FIELD PRACTICUM SEMESTER:** \_\_\_\_\_

**FIELD WORK HOURS CERTIFICATION**

All students enrolled in the Human Services Field Practicum Internships are required to do two hundred and fifty (250) hours for Associate Degree (AAS) and four hundred (400) hours for Baccalaureate Degree of field work in an approved Social or Health Agency. This form is for keeping a record of hours worked during the semester. **The student and the Agency Supervisor must sign it.** You are responsible to keep accurate and authentic documentation of hours worked. Falsifying this document can result in dismissal from the program. **Photocopies are not accepted.**

Student's Name \_\_\_\_\_ Course \_\_\_\_\_ Section \_\_\_\_\_

Agency \_\_\_\_\_ Field Supervisor \_\_\_\_\_

**LUNCH AND/OR DINNER HOURS ARE NOT TO BE INCLUDED**

Date	Time In	Time Out	Total Hours	Supervisor's Signature

TOTAL HOURS ON THIS TIME SHEET \_\_\_\_\_  
TOTAL HOURS ON PREVIOUS TIME SHEET \_\_\_\_\_

TOTAL HOURS TO DATE \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Student's Signature                      Date                      Supervisor's Signature and Agency Stamp                      Date

**NEW YORK CITY COLLEGE OF TECHNOLOGY  
Department of Human Services**

**INTERN MID-SEMESTER EVALUATION FORM**

Student Name \_\_\_\_\_ Soc. Sec # \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Number of Field Hours completed to date \_\_\_\_\_ Date \_\_\_\_\_

**Note: HUS 2305 / HUS 2405 students must intern 9 hours per week and have at least 60 hours by mid-semester.  
HUS 4701 / HUS 4801 students must intern 15 hours per week and have at least 100 hours by mid-semester.**

*Directions:* Please respond to the following statements by circling the appropriate ratings

	Below Average	Average	Above Average	Excellent	
1. Arrives on time consistently	1	2	3	4	5
4. Informs supervisor and makes arrangements for absences	1	2	3	4	5
3. Completes requested or assigned tasks on time	1	2	3	4	5
4. Presents written or verbal reports in a professional manner (clinically or administratively useful)	1	2	3	4	5
5. Demonstrates knowledge and sensitivity to ethical issues	1	2	3	4	5
6. Demonstrates knowledge of client population	1	2	3	4	5
7. Demonstrates knowledge of treatment approaches	1	2	3	4	5
8. Demonstrates knowledge of treatment setting	1	2	3	4	5
9. Responds to supervision	1	2	3	4	5
10. Communicates effectively with co-workers	1	2	3	4	5
11. Number of specific assignments	Individual _____			Group _____	
	Family _____			Community _____	
12. Overall evaluation of student's progress	1	2	3	4	5

13. Additional comments:

\_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_



NEW YORK CITY COLLEGE OF TECHNOLOGY  
HUMAN SERVICES DEPARTMENT

A Guideline for Writing Daily Logs

1. **General Directions:**

- a. All logs must be typed on one side of the page only. Use 11 or 12 standard font and the following format for the each day's entry. Allow one inch margins on the top, bottom, and left hand sides of each page and a 2.5 to 3-inch margin on the right side of each page for field instructor's comments.
- b. Proof read and makes corrections before submitting your work to your Seminar Instructor.
- c. **Submit all work on time.** Assignments turned in after the date due will have 10 points deducted for every week submitted late. Logs will be given "F" grades when turned in two weeks late.
- d. Use the following format for the page heading:

	<b><u>Sample</u></b>
Name	John Brown
Class and Section No.	HUS 2305, Section 5555
Agency Name	The American Red Cross
Supervisor	Mary Stewart
Week of:	10/5/00
Hours Worked	9 hours
Log #	Log # 5

2. **Contents of Your Log:**

- a. Note that the dates and hours that you record in your Hours Certification form must be consistent with the dates and hours recorded in the logs. There must be an entry (process recording) for each field practicum day.
- b. Your logs should reflect your daily face-to-face/phone activities, self-reflections, and application of theories, knowledge and skills learned through your courses. Please use the outline below to assist you as you prepare your logs.

**Part I** (1 paragraph) List by the hour (or in a narrative style) all the activities that you did for the week.

**Part II** (3 paragraphs) Describe your face-to-face or phone contact work with three (3) of the following. Include all concerns/issues that came out of your sessions.

- |             |               |                       |
|-------------|---------------|-----------------------|
| 1. clients  | 3. family     | 5. case conferences   |
| 2. group(s) | 4. supervisor | 6. community outreach |

**Part III** (2 paragraphs) A. What theories and/or techniques did you apply this week?  
B. What was effective/ineffective? Why?  
C. Describe how you felt about the situation, the client, the agency, the staff, etc.  
D. How did/will you prepare for next week's activities (client, group, family, supervision, etc.)?  
E. What did you learn (theory, technique, new information) about the client, the agency, the supervisor and yourself this week?

## Guidelines For Writing Assessment Planning Narrative

Client's Name \_\_\_\_\_ Date Prepared \_\_\_\_\_

Prepared by \_\_\_\_\_ SS# \_\_\_\_\_

Course \_\_\_\_\_ Section \_\_\_\_\_ Seminar Instructor \_\_\_\_\_

Field Supervisor \_\_\_\_\_ Semester \_\_\_\_\_

1. Reason(s) for Referral:
2. Description of client (appearance, demeanor, attitude, etc)
3. Client's history (include age, marital status, family mental health/chemical dependency history, birth order, relationships with significant others, cultural background, physical/sexual abuse history, loss/abandonment issues):
4. Assessment of client's need(s) and problem(s) in terms of:
  - a. physical health
  - b. mental health
  - c. finances
  - d. housing
  - e. legal/prison/probation
  - f. substance abuse
5. Assessment of client's strengths, including (give examples):
  - a. client's self assessment
  - b. degrees/certificates earned
  - c. education/GED
  - d. strong and weak qualities
  - e. skills learned
  - f. people skills
  - g. persistence
  - h. adjustment
6. Assessment of client's resources:
  - a. self
  - b. family
  - c. community involvement
7. Your overall evaluation of the client's present situation.
8. Client's short term and long term goals.
9. In behavioral terms, specify client's plans (list objectives, time lines, referrals, etc.). Describe the steps your client must accomplish to reach his/her goal.

### A Guideline for Group Summaries

1. Description of Group - Purpose, Setting, Contract, etc.
2. Description of individual members in terms of their interactive styles (appearance, demeanor, attitude, task roles, social-emotional roles, self-related roles, decision-making, leadership, etc.).
3. Interaction between group members and leader (include diagram, discussion communication and group cohesiveness, conflicts, etc.).
4. Group stages - preplanning, initial beginning, transition stage, working stage, and termination.
5. Evaluation of group's progress to date:
  - a. What was accomplished?
  - b. What were the barriers?
  - c. What were some of the group's problems?
  - d. What was the degree of cohesion in the group?
6. Description of the facilitator's leadership style.
7. Tentative future plan(s) for the group.
8. Describe your personal reflections on the groups observed.

NEW YORK CITY COLLEGE OF TECHNOLOGY  
OF THE CITY UNIVERSITY OF NEW YORK  
HUMAN SERVICES DEPARTMENT

SUPERVISOR EVALUATION FORM  
BY STUDENT

A.A.S and BS

This form is designed to give interns the opportunity to provide feedback about the supervision they receive during their internship. This information will be useful in discussions with supervisors and will help your faculty instructor evaluate the learning opportunities at various internship sites.

Each item that follows asks you to indicate the frequency with which activities of supervision occurred, your satisfaction with the activities, or both frequency and satisfaction. Please rate frequency based on percentage from 0 to 100 with 0 meaning that something never happened, and 100 indicating that the activity happened each time there was an opportunity as described in the item. Please rate satisfaction on a rating scale from 0 to 100 with 0 indicating that you were completely dissatisfied and 100 signifying that you were completely satisfied. Frequency and satisfaction ratings need not be the same. For example, if you met for fewer than the agreed upon times for supervision, you might rate the frequency at 75 percent. Your satisfaction might be anywhere from 0 to 100 depending on what you felt about this issue. Please try to evaluate each item separately from other items. Space is provided at the end for general comments.

**Preliminary Remarks**

If you think it will be useful to preface your responses with any introductory comments, please feel free to do so here. Additional space is available at the end of this form for general evaluative comments.

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Supervisor's Name \_\_\_\_\_

Please check:

Agency \_\_\_\_\_

A.A.S. ( ) B.S. ( )

Student's Name \_\_\_\_\_ Course \_\_\_\_\_ Section No. \_\_\_\_\_

Date \_\_\_\_\_

## Student's Evaluation of Supervisor (Con't)

### Schedule and Availability

1. \_\_\_\_\_ Frequency  
\_\_\_\_\_ Satisfaction Overall during the internship, approximately how closely did the actual supervision contacts match the agreed upon plan?
2. \_\_\_\_\_ Frequency  
\_\_\_\_\_ Satisfaction Apart from scheduled meetings, how available was your supervisor if you requested additional contact?

### Introduction to Setting

3. \_\_\_\_\_ Yes \_\_\_\_\_ No Did your supervisor give you a tour or arrange for a tour of the internship site?
4. \_\_\_\_\_ Yes \_\_\_\_\_ No Did your supervisor introduce you to other staff when you began the internship?
5. \_\_\_\_\_ Yes \_\_\_\_\_ No Did your supervisor discuss procedural matters, agency policy, etc., when you began the internship?
6. \_\_\_\_\_ Yes \_\_\_\_\_ No Did your supervisor discuss ethical and legal issues when you began the internship?

### Activities at the Internship

Approximately what percentage of your time at the internship was spent in each of the following activities.

7. \_\_\_\_\_ Frequency Observing the milieu of your setting or interacting informally with
8. \_\_\_\_\_ Satisfaction clients, but not directly observing or participating in treatment or other services.
8. \_\_\_\_\_ Frequency Interacting informally with staff members.  
\_\_\_\_\_ Satisfaction
9. \_\_\_\_\_ Frequency Observing treatment, assessment, or other direct service with clients.  
\_\_\_\_\_ Satisfaction
10. \_\_\_\_\_ Frequency Participating in or providing treatment, assessment, or other direct  
\_\_\_\_\_ Satisfaction service with clients.
11. \_\_\_\_\_ Frequency Attending meetings other than supervision or informal conversation.  
\_\_\_\_\_ Satisfaction
12. \_\_\_\_\_ Frequency Reading record, reports, etc.  
\_\_\_\_\_ Satisfaction
13. \_\_\_\_\_ Frequency Writing case notes, assessments, reports, correspondence, etc.  
\_\_\_\_\_ Satisfaction

**Student's Evaluation of Supervisor (Contd.)**

In the spaces below describe and evaluate any other activities you participated in during your internship.

14. \_\_\_\_\_ Frequency \_\_\_\_\_  
\_\_\_\_\_ Satisfaction \_\_\_\_\_

15. \_\_\_\_\_ Frequency \_\_\_\_\_  
\_\_\_\_\_ Satisfaction \_\_\_\_\_

16. \_\_\_\_\_ Frequency \_\_\_\_\_  
\_\_\_\_\_ Satisfaction \_\_\_\_\_

17. \_\_\_\_\_ Frequency Overall, were you able to participate in the activities you were  
\_\_\_\_\_ Satisfaction interested in during internship?

18. What additional activities would have been useful to you during the internship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activities of Supervision**

Approximately what portion of supervision time was spent in the following activities.

19. \_\_\_\_\_ Frequency Using case notes or material to review your interactions with clients.  
\_\_\_\_\_ Satisfaction

20. \_\_\_\_\_ Frequency Observing the supervisor providing treatment, assessments, or other  
\_\_\_\_\_ Satisfaction services to clients.

21. \_\_\_\_\_ Frequency Providing services yourself under the direct observation of your supervisor.  
\_\_\_\_\_ Satisfaction.

22. \_\_\_\_\_ Frequency Discussing institutional issues.  
\_\_\_\_\_ Satisfaction

23. \_\_\_\_\_ Frequency Didactic instruction in specific topics or skills.  
\_\_\_\_\_ Satisfaction

24. \_\_\_\_\_ Frequency Reviewing assessments or other reports you have written.  
\_\_\_\_\_ Satisfaction

25. \_\_\_\_\_ Frequency Reviewing case notes or other records you have written.  
\_\_\_\_\_ Satisfaction

**Student's Evaluation of Supervisor (Contd.)**

- 26. \_\_\_\_\_ Frequency    Reviewing assessments or other reports written by other professionals.  
      \_\_\_\_\_ Satisfaction
- 27. \_\_\_\_\_ Frequency    Reviewing case notes or other records written by other professionals.  
      \_\_\_\_\_ Satisfaction
- 28. \_\_\_\_\_ Frequency    Discussing your personal impressions, reactions and adjustment to the  
      \_\_\_\_\_ Satisfaction internship.
- 29. \_\_\_\_\_ Frequency    Discussing your relationship with your supervisor.  
      \_\_\_\_\_ Satisfaction

In the space below please describe and evaluate any other activities of supervision in which you participated.

- 30. \_\_\_\_\_ Frequency    \_\_\_\_\_  
      \_\_\_\_\_ Satisfaction    \_\_\_\_\_
- 31. \_\_\_\_\_ Frequency    \_\_\_\_\_  
      \_\_\_\_\_ Satisfaction    \_\_\_\_\_

32. What additional activities would have been useful to you in supervision?

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**INTERPERSONAL ISSUES AND FEEDBACK FROM YOUR SUPERVISOR**

The items below refer to how you were given feedback by your supervisor and the quality of your relationship to one another. Please comment on your supervisor's performance in each of the following areas.

- 33. \_\_\_\_\_ Frequency    Recognizing areas in which your skills or knowledge are relatively strong.  
      \_\_\_\_\_ Satisfaction .
- 34. \_\_\_\_\_ Frequency    Recognizing areas in which your skills or knowledge need improvement.  
      \_\_\_\_\_ Satisfaction.
- 35. \_\_\_\_\_ Frequency    Recognizing and complimenting you for accomplishments or things you have  
      \_\_\_\_\_ Satisfaction done well at your internship.
- 36. \_\_\_\_\_ Frequency    Letting you know when your performance has not been good in certain areas.  
      \_\_\_\_\_ Satisfaction
- 37. \_\_\_\_\_ Frequency    Providing emotional support.  
      \_\_\_\_\_ Satisfaction

**Student's Evaluation of Supervisor (Contd.)**

38. \_\_\_\_\_ Frequency Dealing with differences between you.  
\_\_\_\_\_ Satisfaction

39. \_\_\_\_\_ Frequency \_\_\_\_\_  
\_\_\_\_\_ Satisfaction \_\_\_\_\_

40. Based on your experience, briefly describe the ways in which you feel supervision was most helpful to you during your internship.

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41. If there was anything about supervision that was not helpful, please explain.

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42. In what ways do you think supervision could have been more beneficial to you?

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Student Signature \_\_\_\_\_

Date \_\_\_\_\_