

**THE UNIVERSITY OF OKLAHOMA SCHOOL OF SOCIAL WORK  
MID-TERM EVALUATION**

**GENERALIST PRACTICE**

_____	_____	_____
Practicum I	Practicum II	Semester
Student _____ E-mail address _____		
Course # _____ Agency _____		
Practicum Instructor _____		Practicum Preceptor _____
		(If applicable)
Faculty Liaison _____		Supervisory Day and Time _____

Is student working toward successful completion of practicum outcomes by engaging in tasks on the Teaching-Learning Agreement?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Describe how the student prepares for a supervisory conference:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use the rating scale below to evaluate the student's performance at this point in the semester.

5 = Excellent      4= Very Good      3=Acceptable      2= Needs Improvement      1= Unacceptable

Student demonstrates appropriate personal qualities for social work practice (attendance, punctuality, professional dress and appearance, honesty, initiative).

5.....4.....3.....2.....1      \_\_\_\_\_

Student demonstrates appropriate professional attitudes (ethics, values, cultural sensitivity, acceptance, genuineness).

5.....4.....3.....2.....1      \_\_\_\_\_

Student demonstrates appropriate skills and abilities for a beginning generalist social worker (interviewing skills, engagement with clients, building rapport, empathy).

5.....4.....3.....2.....1      \_\_\_\_\_

Student demonstrates an understanding of the purpose of practicum and the roles of the student, practicum instructor, and faculty liaison.

5.....4.....3.....2.....1 \_\_\_\_

Student makes appropriate use of available learning opportunities.

5.....4.....3.....2.....1 \_\_\_\_

Identified Strengths:

Areas for Improvement:

Plan to maintain or enhance the student's ability to meet course outcomes, if necessary. This may require revisions in the current Teaching-Learning Agreement.

Additional Comments:

\_\_\_\_\_  
Practicum Instructor                      Date

\_\_\_\_\_  
Preceptor (if applicable) Date

**STUDENT SECTION**

This evaluation of my mid-term performance has been discussed with me. \_\_\_\_ Yes \_\_\_\_ No

I agree with this evaluation of my performance. \_\_\_\_ Yes \_\_\_\_ No

I receive regular on ongoing feedback about my performance. \_\_\_\_ Yes \_\_\_\_ No

Comments:

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Student's signature

Date

Date reviewed by faculty liaison \_\_\_\_\_ Signature \_\_\_\_\_