

Practicum Supervisor's Final Evaluation

Every Practicum Supervisor must submit a completed Final Evaluation to the Course Instructor by the last day of classes during the first week in April. Please answer the following questions to evaluate the quality, timeliness, and professionalism of the work the Practicum Student has performed for your organization **throughout the Practicum Placement**. * For precise due date consult the *Practicum Placement Agreement* or the *University of Toronto, Faculty of Arts & Science Calendar*.

Placement Organization & Supervisor Information

Institution/Organization/Agency:			
Address/Practicum Location:			
Practicum Supervisor & Contact Information:	Supervisor Name:	Position:	
	Phone Number:	E-Mail Address:	

Student Information & Practicum Topic

Health Studies Student:	Student Name:	Student Number:
Practicum Title/Topic:		
Practicum Work Schedule:	Average Hours/Week <i>Actually Worked:</i>	<i>Practicum</i> Start Date: <i>Practicum</i> End Date:

General Goals of the Health Studies Practicum

Please provide an overall assessment of the Student's progress towards the general learning objectives of the Practicum, as stated in the Placement Agreement. (Scale for assessment of specific tasks/activities/products follows on the next page.)

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How would you describe the professional and interpersonal skills displayed by the Student?

(Please include both strengths and areas for improvement.)

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Were there any tasks/activities at which you felt the Student was particularly unsuccessful and, if so, what extra professional training or performance enhancements did you find were needed?

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Specific Tasks/Activities, & Outputs Products

List the Student's specific tasks/activities and products/outputs during the Practicum (whether or not included in the Placement Agreement) and assess each one by checking the box that best describes his/her work.

(Use blank lines to add any important criteria not listed and edit/emend list if needed.)

Task/Activity/Product:	Poor	Fair	Average	Good	Excellent	Note whether task was Completed:

Please rate the Student's performance by checking the box that best describes his/her participation overall.

(Use the blank lines to add any important criteria not listed here or to address any specific concerns or problems encountered.)

Performance Criteria:	Rarely /Never	Some-times	Often/ Usually	(Almost) Always	Not Applicable/Not Relevant ...or add comments here:
The student followed the agency's policies/procedures.					
The student completed tasks in a timely manner.					
The student showed interest and initiative.					
The student contributed his/her own ideas to the project.					
The student interacted appropriately with the organization's staff members.					
The student interacted appropriately with the organization's patients/clients.					
The student communicated with the supervisor about problems/concerns when appropriate.					
Other:					
Other:					
Other:					

Do you have any suggestions about students' preparation for Practicum work or for improving the experience?

Signature

Practicum Supervisor:	Signature:	
	Written Name:	Date:

Any questions or concerns about this Agreement should be addressed to the University College Health Studies Program Director at: healthstudies.director@utoronto.ca, the Health Studies Program Assistant at: uc.programs@utoronto.ca or 416-978-8083, or by visiting the University College Office of Academic Services, in Room 173, 15 King's College Circle, Toronto, Ontario, M5S 3H7.