Mid-Term Supervisor Evaluation

|  |  |  |
| --- | --- | --- |
| \* Name of Practicum Agency:  |  |  |
|  |
| \* Name of Supervisor completing Evaluation:  |  |  |
|  |
| \* Email of Supervisor completing Evaluation:  |  |  |
|  |
|  |  | (E.g., To what extent has the student met the agency's and your expectations? What contributions has the student made to the agency? What, if any, issues have arisen that need to be addressed? How might you and/or the student improve the experience and learning for either yourself, the agency or the student?)  |
| \* What is the practicum supervisor's assessment to date?  |  |  |