Lakehead University School of Social Work

MSW Field Practicum Evaluation Form

Agency	
Student name and	
pronouns	
Agency Supervisor	
Off-site Supervisor (where applicable)	
Faculty Supervisor	
Placement start date	
Placement end date	

Please check: O Mid term Evaluation OR O Final Evaluation

1. Statement of Practicum Learning Objectives:

Please list the 4 to 6 Major learning objectives identified in the Learning Plan

Learning Objectives	Objective Achieved	Objective in Progress	Objective Not Achieved
1.			
2.			
3.			
4.			
5.			
6.			

Comments:

2. Planned Learning Experiences:

Please list the planned clinical experiences, training opportunities, community projects, practicum research programs etc. identified in the Student Learning Contract.

Completed	In progress	Not completed
	Completed	Completed In progress

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3. Evidence of Learning submitted (Briefly describe submitted evidence of learning):

Role:	Signature:	Date:
Student		
Agency Supervisor		
Off-Site Supervisor (where applicable)		
Faculty Supervisor		

Final Placement Evaluation:

O Pass Recommended

O Pass Not Recommended

Personal information on this form is collected pursuant to section 14 of the Lakehead University Act and will be used to coordinate and evaluate Social Work practicum for students in the MSW program. The information will be disclosed only to the extent necessary for the effective operation, supervision, and assessment of the placement and, so, may be disclosed to School of Social Work administrative staff, potential agency placement sites, Practicum Supervisors, faculty members who sit on the Field Placement Advisory Board, and the Director of the School of Social Work. Any questions on this collection should be directed to: MSW Field Education Coordinator, School of Social Work, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1. Telephone: (807) 343-8556.