

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
DIVISION OF OCCUPATIONAL SCIENCE
FW I STUDENT EVALUATION (Rev 10/2014)

INSTRUCTIONS FOR SUPERVISORS: Please complete this form and discuss it with the student. Have the student return it to Sue Coppola, UNC AFWC, or fax to 919-966-9007.
Questions? scoppola@med.unc.edu or 919-966-9006

Student's Name: _____ Dates of FW I: _____

Site: _____ Supervisor(print): _____

1. What strengths did you observe in the student?

2. Please indicate your impressions of the student by circling one number for each item.

	Poor-----Average-----Excellent
Appearance appropriate to setting:	1-----2-----3-----4-----5
Dependability and punctuality:	1-----2-----3-----4-----5
Communication - clients: (verbal/non-verbal)	1-----2-----3-----4-----5
Communication - supervisor & staff:	1-----2-----3-----4-----5
Comfort in the setting:	1-----2-----3-----4-----5
Receptiveness to feedback:	1-----2-----3-----4-----5
Self-awareness:	1-----2-----3-----4-----5
Participation (initiation, interest, investment):	1-----2-----3-----4-----5
Professional & Personal Boundaries:	1-----2-----3-----4-----5
Follows safety precautions:	1-----2-----3-----4-----5
Ethical reasoning and actions:	1-----2-----3-----4-----5

3. Problems noted:

4. Recommendations for the student's future learning and professional growth:

5. Please comment on the assignment and arrangements for this FW I experience:

Supervisor signature: _____ date: _____

THANK YOU!