SOWK 642 (Foundation)
Midterm Evaluation (Self)

Student: ____________________________________

Field Instructor: ______________________________

Suggested completion date: (March – spring semester; June – summer semester; October fall semester)

1. Please record an impression of your growth since last semester.

2. Please refer to the SOWK 642 educational goals and objectives and comment on the areas of strength regarding your cognitive skills and professional performance.

3. Please refer to the 642 educational goals and objectives and comment on limitations or areas of concern regarding your cognitive skills and professional performance.

4. What specific actions are you taking to prepare for termination from the agency?

5. Other comments.

Field Instructor’s Signature/Date: __________________________________________________________

Task Supervisor Signature/Date: _________________________________________________________

Student’s Signature/Date: _______________________________________________________________

Faculty Field Liaison Signature/Date: _____________________________________________________

Revised 7/15