ADVANCED STANDING OR TRANSFER FIELDWORK EVALUATION FORM

Students name:______________________________________________________________

College:...........................................................................................................

Person completing the form __________________________________________________

Title__________________________________________________

JUNIOR Year Field Work Agency (if Applicable)__________________________________________

Number of Fieldwork hours completed________

Agency type and function__________________________________________________________

Please describe the nature of the students learning assignments. Include the number of cases, types of clients/groups etc. as well as the frequency of contact and the duration of the working relationship(s)

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SENIOR OR FOUNDATION Year Fieldwork Agency

Agency type and function

Number of Fieldwork hours completed

Please describe the nature of the students learning assignments. Include the number of cases, types of clients/groups etc. as well as the frequency of contact and the duration of the working relationship(s)

Please summarize the overall performance of the student.

Note areas of strength, as well as areas that might need further development. Please comment on any aspect of the student’s fieldwork experience that you felt was particularly noteworthy or of specific interest.
Please sign, scan and email this form to appsvcs@onlinems.w.fordham.edu. You can mail the form to our office instead:

Application Processing Services
OnlineMSW@Fordham
Suite 501
7900 Harkins Road
Lanham, MD 20706