



UNIVERSITY OF SOUTH ALABAMA
Graduate Internship in Gerontology
Field Supervisor Evaluation Form

To be completed by the student: Today's Date _____
Semester: Fall Spring Summer Academic Year: _____
Student Name: _____
Address: _____
Phone: _____ Student # J- _____
Major: _____
Placement Agency: _____
Supervisor: _____
Agency Address: _____
Agency Phone: _____

Field Supervisor Report: To be completed by the above named supervisor.

Hours completed per week: _____ Total hours for semester: _____

Internship activities and duties: Please describe the nature of the student's activities and responsibilities with your agency. (Use additional pages if necessary).

Please comment on the extent to which you feel the student has fulfilled their commitment to your agency. (Use additional pages if necessary).

Overall rating of student's performance: Excellent Good Fair Satisfactory Poor
Additional Comments:

Signature of Field Supervisor: _____ Date: _____