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.

   Appearance appropriate to setting: Poor------Average-----Excellent
   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!