



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

College of Health, Human Services and Nursing
Department of Human Services

Fieldwork Supervisor's Evaluation and Hours Verification

Student Name: _____

HUS 380 & 381 (Beginning):

HUS 390 & 391 (Intermediate):

HUS 480 & 481 (Advance):

HUS 484 & 485 (MHR):

Semester: _____

Year: _____

Agency Name: _____

Agency Address: _____

Fieldwork Supervisor: _____ Telephone: _____

Email Address: _____

Seminar Instructor: _____ Telephone: _____

Nature of Student Assignment: (tasks performed by student, an additional page may be attached if necessary)

Assessment of Student Learning:

Evaluation Key;

1 – Area of future growth

2 – Demonstrates emerging skills

3 – Demonstrates skill consistently

4 – Demonstrates advanced accomplishment

- 1. Ability to gather needed information to appropriately assess clients' needs (PO1) [1: Low, 2: [x], 3: [], 4: High]
2. Demonstrate integration of human services concepts and knowledge with his/her practice skills (PO2) [1: [x], 2: [], 3: [], 4: High]
3. Able to research, review, and implement current best practices appropriate to client problem and populations served by agency (PO3) [1: [], 2: [], 3: [], 4: High]
4. Ability to critically evaluate information relating to agency and clients (PO4) [1: [], 2: [], 3: [], 4: High]
5. Demonstrate knowledge and commitment to the ethics and values of the human services profession (PO5) [1: [], 2: [], 3: [], 4: High]
6. Demonstrate a capacity to advocate for clients when needed (PO6) [1: [], 2: [], 3: [], 4: High]
7. Understand the cultural values and attitudes of individuals, groups, and community served by the agency (PO7) [1: [], 2: [], 3: [], 4: High]
8. Overall student's skill level of the course (Beginning, Intermediate, Advanced) (PO8) [1: [], 2: [], 3: []]

Summarize the student's major strengths: *(an additional page may be attached if necessary)*

Summarize the student's areas of needed growth: *(an additional page may be attached if necessary)*

Total Number of Fieldwork hours completed this semester: _____

Grade Recommendation: Credit Incomplete No Credit

Student's Supervisor: _____
(Signature) Date

Student: _____
(Signature) Date

(Signature of student signifies that evaluation has been read, but does not necessarily imply agreement with the content.)

Please return this evaluation form to:

California State University, Dominguez Hills
College of Health, Human Services and Nursing
Department of Human Services
1000 E. Victoria St., EAC 902
Carson, CA 90747

Seminar Instructor: _____
(Signature)

Note: An electronic copy of this form is available on the website: <https://www.csudh.edu/human-development/human-services/>