University of Florida College of Health and Human Performance Department of Applied Physiology and Kinesiology

PRACTICUM EVALUATION FORM - FINAL

DUE DATES:	FALL – DECEMBER 1 ST
	SPRING – APRIL 20 TH
	SUMMER A – JUNE 18 [™] ; SUMMER B & C; AUGUST 4 [™]

Studen			U	IFID:							
Semes	ster:	Fall ð	Spring ð	Summer A ð	Summer B	ð	Summer	Cð	Year		
Practicum Site:											
Site Su	Site Supervisor:										
		2 = Below 1 = Poor N/A = Not /		0							
<u>Evalua</u>	ation Ite	<u>ms</u>									
1.	Promptness & reliability (attendance, punctuality, meeting commitments)				5 S)	4	3	2	1	N/A	
2.	Appearance (appropriate)					4	3	2	1	N/A	

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

3.	Demonstrated professional attitude (sincere interest in the practicum experience)	5	4	3	2	1
4.	Ability to relate to & work with clients (sympathetic of and interest in clients)	5	4	3	2	1
5.	Ability to relate to & work with staff members (cooperation, helpfulness, team oriented, etc.)	5	4	3	2	1
6.	Response to supervision (accepts and incorporates constructive criticism)	5	4	3	2	1
7.	Evidence of enthusiasm in work (professional interest, growth, motivation)	5	4	3	2	1
8.	Demonstrated responsibility (activities, events, projects assigned)	5	4	3	2	1
9.	Demonstrated flexibility (adaptability to new ideas)	5	4	3	2	1
10.	Ability to problem solve (prior knowledge, skills, and personal judgement)	5	4	3	2	1

5

4

3

2

1

11. Evidence of use of learning opportunities provided by organization/agency (actively seeks and is alert to learning situations)

12.	Scholarship (competency in academic field)	5	4	3	2	1	N/A
13.	Demonstrated organizational ability (planning and preparation for assignments)	5	4	3	2	1	N/A
14.	Demonstrated communication skill (communicated ideas orally and in writing)	5	4	3	2	1	N/A
15.	Demonstrated leadership (self-directed, organized and implemented ideas)	5	4	3	2	1	N/A
Overa	Il contribution to the agency	5	4	3	2	1	N/A

To what degree would you say that the practicum goals for the second half of the semester were accomplished?

What recommendations do you have which would contribute to the professional development of this person?

Based upon the total of points awarded from the above evaluation items (#1-15), please indicate the most appropriate final score value on the scale below.

Poor 5	10	15	20	25	30	35	40	45	50	55	60	65	Excellent 70 75	
	A B C D E	= 60 = 50 = 40	or above or below											

Signature, Practicum Site Supervisor

Date

Return To: Department of Applied Physiology and Kinesiology P.O. Box 118205 Florida Gym, Room 100 Gainesville, FL 32611-8205 Phone: (352) 392-0584 Fax: (352) 392-5262