

Form to be completed by the student once they have completed approx. 50 hours and submitted to the Program Director within 7 days.

MID-TERM STUDENT SELF-ASSESSMENT

STUDENT INFORMATION					
Name of Student:					
Name of On-Site Supervisor:					
Name of Organization:					
STUDENT SELF ASSESSMENT					
<i>Complete the following sections by reflecting on your experience to date.</i>					
Is your Practicum placement going as planned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:		
How would you describe your experience to date?					
What is the most meaningful part of the experience so far?					
What contributions do you find yourself making?					
Rate how you're doing with your Practicum to date.	Very proud of my work <input type="checkbox"/>	I'm doing well with this placement <input type="checkbox"/>	I'm doing alright, but could improve <input type="checkbox"/>	I don't find myself doing a good job <input type="checkbox"/>	I haven't been keeping up with my placement <input type="checkbox"/>
What is one thing you'd like to improve on for the remaining of your placement?					
Have you faced any problems with your placement that you'd like to share?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Explain:		
Anything else you'd like to share?					
What letter-grade would you give yourself based on what you've outlined above? Explain why.					
SECTION TO BE COMPLETED BY THE PROGRAM DIRECTOR					
Program Director Feedback					Grade: /10