

# PRACTICUM MID-TERM ASSESSMENT

STUDENT INFORMATION					
Name of Student:					
Name of On-Site Supervisor:					
Name of Organization:					
ON SITE SUPERVISOR MID TERM ASSESSMENT					
<i>To be completed by the On-Site Supervisor and sent to the Program Coordinator by</i>					DATE:
Hours completed to date:		Hours Remaining:			
Main tasks completed:					
Observation of strengths of student's performance:					
List area(s) for improvement for the remaining hours, with an example of how you will measure improvement: (e.g. Improve taking initiative, measured by initiating a project idea within the next month)					
1.	2.	3.	4.		
Select quality of Practicum performance overall:	Exceptional work <input type="checkbox"/>	Exceeds expectations <input type="checkbox"/>	Meets expectations <input type="checkbox"/>	Not meeting expectations <input type="checkbox"/>	Failing to complete <input type="checkbox"/>
Other comments:					
DISCUSSING ASSESSMENT WITH STUDENT					
<p><i>Once you have completed the mid-term assessment, please sit down with the student and discuss the results. Begin with the strengths of their performance and then highlight areas you'd like to see them improve upon over the coming weeks. Please have the student sign below once you have discussed your expectations and how you'll assess their performance and improvement over the coming weeks.</i></p>					
I confirm that I discussed the contents of this assessment with my Supervisor. I understand that any disagreements I might have with this assessment should be discussed with the Program Coordinator as soon as possible.					
Student Signature:					DATE:
APPROVALS					
On-Site Supervisor Signature:					DATE:
Program Coordinator Signature:					DATE:

# PRACTICUM FINAL ASSESSMENT ON-SITE SUPERVISOR RECOMMENDATION

STUDENT INFORMATION					
Name of Student:					
Name of On-Site Supervisor:					
Name of Organization:					
ON SITE SUPERVISOR FINAL ASSESSMENT					
<i>To be completed by the On-Site Supervisor and sent to the Program Coordinator by</i>					DATE:
Main tasks completed:					
Observation of strengths of student's performance:					
Did the student improve in the areas outlined in the <i>Mid-Term Assessment</i> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:		
Describe a major contribution the student made to your organization through the Practicum:					
Select overall quality of Practicum performance:	Exceptional work <input type="checkbox"/>	Exceeds expectations <input type="checkbox"/>	Meets expectations <input type="checkbox"/>	Not meeting expectations <input type="checkbox"/>	Failing to complete <input type="checkbox"/>
Would you recommend this student for work in a related area?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
Would you consider working with this student again?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Explain:
Other comments: <small>(Include details you'd like the Program Director to use for evaluating student performance)</small>					
APPROVALS					
On-Site Supervisor Signature:					DATE:
Program Coordinator Signature:					DATE:

**Please submit this completed form to the Program Coordinator at the Simone de Beauvoir Institute, who will forward it to the Practicum Director: [sexualityadvising@concordia.ca](mailto:sexualityadvising@concordia.ca)**