

UNIVERSITY OF NEBRASKA AT OMAHA
SCHOOL OF SOCIAL WORK
PRACTICUM STUDENT EVALUATION OF FACULTY LIAISON
[Complete one for each Faculty Liaison]

(Please Print Names)

Student Name _____ Agency _____

Faculty Liaison _____ Semester(s) _____ Fall _____ Spr. _____ Sum.

SOWK Practica: _____ 4410/20 _____ 8160/70 _____ 8400/10 _____ 8420

Did your faculty liaison:

1 - Visit once a semester if you were in a concurrent practicum? _____ Yes _____ No

2 - Visit twice if you were in a block practicum? _____ Yes _____ No

3 - Review the learning contract during the first visit? _____ Yes _____ No

Answer the following only if more help was requested by you from your liaison.

4 - If extra help was needed with the learning contract, your liaison responded and was helpful.

_____ Yes _____ No Comments _____

5 - If extra visits, telephone conferences, etc. were needed, your liaison was available and helpful.

_____ Yes _____ No Comments _____

6 - If extra help was needed to make sure you had learning experiences which met practicum requirements, your liaison was helpful. _____ Yes _____ No Comments _____

7 - Were there problems related to your practicum placement? Please explain. _____

Was your liaison an advocate for you in your situation? _____ Yes _____ No

Comment on action taken by liaison. _____

8 - Any other comments concerning your liaison?

Signature _____ Date _____