



**PRACTICUM
“In Progress” Evaluation
After 130 Hours**

Grace Abbott School of Social Work

Student _____ Practicum Supervisor(s) _____

Agency _____ Semester: _____ Year: _____

Please comment on the following:
Student’s use of supervision and consultation:

Student’s ability to manage work relationships and manage workload:

Student’s area(s) of strength(s):

Student's growth area(s):

Other Comments by Educational Supervisor:

Area:

Area:

Comments by Student:

Signatures:

Educational Supervisor:

Date:

Task Supervisor:

Date:

Student:

Date:

Please send to: Practicum Office, UNO Grace Abbott School of Social Work, CPACS Bldg., Room 205, 6001 Dodge Street, Omaha, NE, 68182-0293