



UNIVERSITY OF SOUTH ALABAMA  
Graduate Internship in Gerontology  
Field Supervisor Evaluation Form

To be completed by the student: Today's Date \_\_\_\_\_  
Semester: Fall Spring Summer Academic Year: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Student # J- \_\_\_\_\_  
Major: \_\_\_\_\_  
Placement Agency: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Agency Phone: \_\_\_\_\_

**Field Supervisor Report:** To be completed by the above named supervisor.

Hours completed per week: \_\_\_\_\_ Total hours for semester: \_\_\_\_\_

Internship activities and duties: Please describe the nature of the student's activities and responsibilities with your agency. (Use additional pages if necessary).

Please comment on the extent to which you feel the student has fulfilled their commitment to your agency. (Use additional pages if necessary).

Overall rating of student's performance: Excellent Good Fair Satisfactory Poor  
Additional Comments:

Signature of Field Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_