ADVANCED STANDING OR TRANSFER FIELDWORK EVALUATION FORM

Students name:______________________________________________________________

College:______________________________________________________________

Person completing the form______________________________________________

Title______________________________________________________________

JUNIOR Year Field Work Agency (if Applicable)__________________________________

Agency type and function______________________________________________

Please describe the nature of the students learning assignments. Include the number of cases, types of
clients/groups etc. as well as the frequency of contact and the duration of the working relationship(s)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

1
SENIOR OR FOUNDATION Year Fieldwork Agency______________________________

Agency type and function__________________________________________________

Number of Fieldwork hours completed_____________

Please describe the nature of the students learning assignments. Include the number of cases, types of clients/groups etc. as well as the frequency of contact and the duration of the working relationship(s)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please summarize the overall performance of the student.

Note areas of strength, as well as areas that might need further development. Please comment on any aspect of the student’s fieldwork experience that you felt was particularly noteworthy or of specific interest.

__________________________________________________________________________

__________________________________________________________________________
Please sign, scan and email this form to gssadmission@fordham.edu.

You can mail the form to our office instead:

Fordham University
Graduate School of Social Service
400 Westchester Avenue
West Harrison, NY 10604