



THE UNIVERSITY OF ARKANSAS
AT MONTICELLO

Department of Social Work
UAM Box 3619
Monticello, AR 71656
(870) 460-1747
FAX: (870) 460-1188

**UNIVERSITY OF ARKANSAS AT MONTICELLO
DEPARTMENT OF SOCIAL WORK**

Agency Interview Response Form

Student Name _____ Date of Interview _____

Agency _____ Your Name: _____

Please rate your impressions on the following areas with 1 being low and 5 being high:

1. Your overall impression of the student ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Explain: _____

2. Your assessment of the student's "fit" with your agency ___ 1 ___ 2 ___ 3 ___ 4 ___ 5

Explain: _____

3. What strengths and skills would you identify the student has for this placement?

4. What challenges would this student face in a placement at your agency?

5. Other comments: _____

Signature

Date



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