

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

Student Interview Response Form

Student Name: _____ Date of Interview: _____
(Please Print)

Agency: _____
(Please Print)

Field Instructor/Contact: _____
(Please Print)

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

1. Your impression of the agency and services: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

Explain

2. Your impressions of the field instructor: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

3. Your feelings about doing your field placement at this agency: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5

(NOTE: If 1 OR 2, PLEASE SEE THE FIELD DIRECTOR AS SOON AS POSSIBLE)



4. What services and activities would you be involved with?

5. What skills and strengths could you utilize (or build)?

6. What challenges would you face in a placement at this agency?

Other Comments:





Department of Social Work
P.O. Box 3619
Monticello, AR 71656
(870) 460-1747 / FAX (870) 460-1188

Field Education Director Signature

Date

Field Education Student Signature

Date

