



Department of Social Work
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**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