



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**

Student Interview Response Form

Student Name: _____ Date of Interview: _____

Agency: _____

Field Instructor/Contact: _____

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 COORDINATOR AS SOON AS POSSIBLE)

What services and activities would you be involved with?

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

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

Other comments:

Social Work Field Education Director Signature

Date

Student Signature

Date