

School Media Practicum Student Evaluation

This form is due upon completion of your practicum experience. While your answers will not affect your grade, the evaluation form must be submitted before you will receive a grade. Please use additional pages if necessary. Upload to the course site for IST 972.

Name: _____ SU ID #: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Academic Advisor: _____ Faculty Practicum Advisor: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dates of work block: From: ____ / ____ / ____ To: ____ / ____ / ____

Supervisor Name: _____ Title: _____ E-mail: _____

- Brief description of project/activities:

- Did your work assignment meet your expectations? (No 1 2 3 4 5 6 7 Surpassed them) Please explain:

- Did you feel your time was well spent? (No 1 2 3 4 5 6 7 Very well spent) Please explain:

- Did you receive enough direction and feedback from your **Site Supervisor**? (No 1 2 3 4 5 6 7 More than enough) Please explain:
- Did you receive enough direction and feedback from your **Faculty Practicum Advisor**? (No 1 2 3 4 5 6 7 More than enough) Please explain:
- In total, what is your assessment of your practicum experience? (Useless 1 2 3 4 5 6 7 Extremely Valuable) Please explain:
- To what degree were you able to apply your classroom knowledge to your practicum experience? (None 1 2 3 4 5 6 7 High) List classes that were helpful:
- In your opinion, what was the **most outstanding** part of the experience?
- In your opinion, what was the **least valuable** part of the experience?
- Please list any honors/special recognition you received during the practicum experience:
- How did you obtain knowledge of/access to your practicum site? (Career Fair, personal contacts/networking, alum, direct contact with school, iSchool faculty, staff, etc.)

____ Please check here if we have your permission to share the contents of this evaluation with your site supervisor.

THANK YOU!