**EAST TENNESSEE STATE UNIVERSITY**

**Department of Criminal Justice & Criminology**

**Field Experience Final Evaluation**

**\*STUDENT - Please print off and have Agency fill out midway through semester**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Please evaluate the student on the competence factors below. Each of the ten factors is ranked 1-5 with 5 being most satisfactory.

If any of the competence factors are not applicable (N/A), please explain in the space provided. Any factor rating under 3 or over 4 requires written justification in the space provided. A brief statement explaining why the student should deserve such a rating is adequate.

Rating Scale (circle your response)

Category A B C D F N/A

1. Assertiveness 5 4 3 2 1 0

Comments:

2. Personal Appearance 5 4 3 2 1 0

Comments:

3. Prompt & Dependable 5 4 3 2 1 0

Comments:

4. Response to Supervision 5 4 3 2 1 0

Comments:

5. Willingness to Learn 5 4 3 2 1 0

Comments:

6. Emotional Maturity, Poise &

Self-Control 5 4 3 2 1 0

Comments:

7. Effectiveness in Dealing With

Clients and/or Public 5 4 3 2 1 0

Comments:

8. Report-Writing Skills 5 4 3 2 1 0

Comments:

9. Ability to Work Effectively

With Agency Staff 5 4 3 2 1 0

Comments:

10. Motivation & Suitability for

the Criminal Justice Profession 5 4 3 2 1 0

Comments:

Please use this space to make any additional comments regarding the student’s performance at your agency.

Signature of Agency Supervisor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

This evaluation has been discussed with the student by the Agency Supervisor:

Yes\_\_\_\_\_ No\_\_\_\_\_

Student Response:

I have reviewed this rating with my Agency Supervisor and/or Field Experience Instructor and

I agree with this assessment:

Yes\_\_\_\_\_ No\_\_\_\_\_\_

Comments:

Signature of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Field Experience Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**\*Student – please bring evaluation to Criminal Justice Department or**

**Fax it to 423-439-4660 at course mid-point**