

CALIFORNIA STATE UNIVERSITY MONTEREY BAY
DEPARTMENT OF HEALTH, HUMAN SERVICES AND PUBLIC POLICY
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STUDENT EVALUATION OF SITE

Check one: CHHS Major Other Major _____

The Department of Health, Human Services and Public Policy (DHHSP) is interested in receiving formal feedback from students about their Collaborative Health and Human Services (CHHS) field practice experience. Please be open and honest as this information will help future students to determine the appropriate use of the site. It will also provide valuable input for changes in the Field Practice Program. This information will not be shared with your Agency Mentor or other students without your permission (see last page). Attach additional sheets if necessary.

Student Name: _____ Semester/s: _____

Site Name and Mentor: _____

1. How well did your experiences at this agency help you to achieve the CHHS MLOs focused on in your Field Learning Agreement?

<u>Major Learning Outcomes</u>	<u>High</u> <u>Low</u>			
<input type="checkbox"/> Collaboration	4	3	2	1
<input type="checkbox"/> Conflict Resolution/Negotiation	4	3	2	1
<input type="checkbox"/> Cross Cultural Competency	4	3	2	1
<input type="checkbox"/> Data Management	4	3	2	1
<input type="checkbox"/> English Communication	4	3	2	1
<input type="checkbox"/> Ethical Foundations of Health and Human Services	4	3	2	1
<input type="checkbox"/> Financial	4	3	2	1
<input type="checkbox"/> Knowledge of Health and Human Services	4	3	2	1
<input type="checkbox"/> Leadership	4	3	2	1
<input type="checkbox"/> Policy Analysis	4	3	2	1
<input type="checkbox"/> Program Planning and Evaluation	4	3	2	1
<input type="checkbox"/> Research Method/Statistics	4	3	2	1
<input type="checkbox"/> Systems Mangement	4	3	2	1

2. Ability of agency to provide interprofessional education experiences at your site:

4 3 2 1

3. Quality of working environment for students:

4 3 2 1

4. Describe any health and safety risks associated with your field placement:

5. What is your evaluation of your agency Field Mentor:

	<u>High</u>		<u>Low</u>	
<input type="checkbox"/> Amount of time spent with you	4	3	2	1
<input type="checkbox"/> Performance expectations and feedback	4	3	2	1
<input type="checkbox"/> Interest and willingness to share philosophy and leadership style	4	3	2	1
<input type="checkbox"/> Ability and willingness to provide learning opportunities	4	3	2	1
<input type="checkbox"/> Provide assistance of integrating theory with practice	4	3	2	1

6. What agency projects, meetings and training opportunities were you asked to participate in?

7. What would have improved your internship experience?

8. Would you recommend this agency be used as a field practice site for next year?
Yes/No? Why or Why Not?

Other Comments:

Use of This Evaluation

I give my permission for the use of this evaluation in all of the ways checked below:

- To be shown only to students interested in the agency
- To be show to agency/supervisor
- To be placed in the agency folder for general student use
- Students who are interested in this agency may contact me

Telephone: _____

Student's Signature: _____ Date: _____