Carolina Digital Curation Fellowship Year-End Evaluation

**Practicum Supervisor**

Date (mm-dd-yy): ______________

Carolina Digital Curation Fellowship Program
Dr. Helen R. Tibbo, DigCCurr PI
School of Information and Library Science
University of North Carolina - Chapel Hill
CB #3360, 100 Manning Hall
Chapel Hill, NC 27599-3360

INSTRUCTIONS

This form is to be completed by the Carolina Digital Curation Fellows’ (CDCFs) Practicum Supervisor upon completion of the Fellow’s first-year Practicum assignment. The completed form will be made available for review to the Fellow and his/her SILS Academic Advisor.

PART I

Practicum Supervisor:     Practicum Site:

__________________________  __________________________

CDCF Name:

__________________________

PART II: Practicum Experience

Please respond to the questions below, assessing your Fellow’s DigCCurr Practicum experience to-date.

1. LEARNING OBJECTIVES. Briefly describe below how well the CDCF met the learning objectives set at the outset of the Practicum, in the Practicum Agreement form:


Return completed form via email or campus mail to Dr. Helen R. Tibbo
2. PROFESSIONAL COMPETENCIES. Please designate how the CDCF performed, checking the appropriate box in a scale of 1 to 5 (1 - Strongly Disagree; 2 - Agree; 3 - Undecided; 4 - Agree; 5 - Strongly Agree). Space is provided for providing additional comments.

a. The Fellow met the objectives set forth in the Practicum Agreement form.

   Additional Comments:

b. The Fellow demonstrated appropriate personal characteristics in Practicum activities:

   - Dependability:  
     1  2  3  4  5
   - Initiative: 
     1  2  3  4  5
   - Responsibility: 
     1  2  3  4  5

   Additional Comments:

3. OVERALL ASSESSMENT: FELLOW. Please designate how the CDCF performed overall, checking the appropriate box in a scale of 1 to 5 (1 - Extremely Poor; 2 - Below Average; 3 - Average; 4 - Above Average; 5 - Excellent). Space is provided for providing additional comments.

   Additional Comments:

4. OVERALL ASSESSMENT: FELLOWSHIP. Please respond to the statements below by checking the appropriate box in a scale of 1 to 5 (1 - Strongly Disagree; 2 - Agree; 3 - Undecided; 4 - Agree; 5 - Strongly Agree). Space is provided for providing additional comments.

a. I would recommend participation in the CDCF program, or similar field experience opportunity, to other digital repositories on campus or in the Triangle.

   Additional Comments:

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b. If the opportunity arose, I would choose to provide practical field experience opportunities for other graduate students following completion of participation in the CDCF Program.

Additional Comments:

5. Please describe any other aspects of your Practicum experience that you feel useful to share, or suggestions for improving the experience in the coming year.

PART III
Please sign below, and then submit the completed Practicum Evaluation to Dr. Helen R. Tibbo.

Name:     Signature:               Date (mm-dd-yyyy):
______________________________ ____________________ __________ _______________

Return completed form via email or campus mail to Dr. Helen R. Tibbo