Carolina Digital Curation Fellowship Interim Evaluation

Practicum Supervisor
Date (mm-dd-yy): ______________

INSTRUCTIONS
This form is to be completed by the Carolina Digital Curation Fellows’ (CDCFs) Practicum Supervisor upon completion of the Fellow’s 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: ____________________________
CDCF Email: ____________________________

Practicum Start Date: (mm-dd-yy): ______________
Anticipated Practicum End Date (mm-dd-yy): ______________

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 is meeting, or has 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 - Disagree; 3 - Undecided; 4 - Agree; 5 - Strongly Agree). Space is provided for providing additional comments.

a. The Fellow is on target to meet the objectives set forth in their Practicum Agreement form.

   1  2  3  4  5

   Additional Comments:

b. The Fellow became familiar with your organizational services and programs, and competently interpreted and applied your organization’s policies and operations in their Practicum activities.

   1  2  3  4  5

   Additional Comments:

c. The Fellow demonstrated appropriate personal characteristics in their 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. Please designate how the CDCF performed overall, checking the appropriate box in a scale of 1 to 5 (1 - Strongly Disagree; 2 - Disagree; 3 - Undecided; 4 - Agree; 5 - Strongly Agree). Space is provided for providing additional comments.

   1  2  3  4  5

   Additional Comments:

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

Name: ____________________________  Signature: ____________________________  Date (mm-dd-yy): ______________

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