

# Carolina Digital Curation Fellowship Interim Evaluation

**Carolina Digital Curation Fellow**  
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

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## INSTRUCTIONS

*This form is to be completed by the Carolina Digital Curation Fellow (CDCF) upon completion of your first semester of your Practicum assignment. It should then be discussed and reviewed with your SILS Academic Advisor.*

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## PART I

Carolina Digital Curation Fellow Name:

Carolina Digital Curation Fellow Email:

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Practicum Site:

Practicum Supervisor:

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Practicum Start Date: (mm-dd-yy):

Practicum End Date (mm-dd-yy):

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## PART II: Practicum Experience

*Please respond to the questions below, assessing your DigCCurr Practicum experience to-date.*

**1. Please comment generally on your success in the first semester of your Practicum experience in achieving the outcomes and deliverables established in your Practicum Agreement.**

**2. Please respond to the statements below by responding YES or NO, and describing your experience in meeting each listed objective so far:**

a. I gained practical experience in applying my skills and knowledge in digital curation practices and principles.

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b. I gained new knowledge and insight of digital curation issues in the context of a professional, information setting.

c. I benefited from interactions and communications with a network of practitioners in my Practicum setting.

**3. Please respond to the statements below by responding YES or NO, and describing your experience in relation to each statement below:**

a. I was well-oriented to my Practicum settings, meeting collaborators, establishing my Practicum schedule hours, and acquiring suitable work space, when appropriate.

b. My Practicum supervisor and their staff, when applicable, set reasonable expectations and provided adequate support in helping me to achieve my Practicum objectives.

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

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