

Carolina Digital Curation Fellowship Interim 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 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):

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