

FIELD EXPERIENCE IN LEISURE SERVICES LEI 3921	
Instructor: Dr. Robert Beland	
392-4042 x1222	rbeland@hhp.ufl.edu

AGENCY SUPERVISORS VERIFICATION OF HOURS AND EVALUATION
 (The student may complete the information above the dotted line.)

Name of Student _____

Name of Agency _____ Phone _____

Name of Supervisor _____ Email _____

Date _____ 1st Report 2nd Report 3rd Report 4th Report
 (Circle as appropriate)

The above student has completed a total of: 25 hours 50 hours 75 hours 100 hours

The student is (1 = least satisfactory, 5 = most satisfactory)

Dependable about reporting to work	1	2	3	4	5
Diligent in completion of work and reports	1	2	3	4	5
Accepts suggestions and criticism	1	2	3	4	5
Able to take initiative and assume responsibility	1	2	3	4	5
Strives for quality in own performance	1	2	3	4	5
Is punctual for meetings, appointments & deadlines	1	2	3	4	5
Actively seeks and is alert to potential learning situations	1	2	3	4	5
Is able to communicate ideas orally and in writing	1	2	3	4	5
Making normal progress toward successful completion of Field Experience	1	2	3	4	5

The following strengths and areas for improvement should be noted at this time:

I have discussed the above points with the student and, if necessary, suggested corrective behavior.

YES NO

Additional Supervisor Comments:

I would like the instructor to call me to discuss the student's progress

YES NO

I have discussed the above report with my Agency Supervisor

YES NO

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

THANK YOU