

FIELD EXPERIENCE IN LEISURE SERVICES LEI 3921	
Instructor: Dr. Douglas DeMichele	
392-4042 x1250	dougd@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)
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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 |
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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