

**MID-TERM EVALUATION FORM**

Please mail or give this form to the Faculty Liaison at the following address:

SOWK Course:  6600/6610  6700/6710  7611  7612

**Division of Social Work  
1500 N. Patterson St.  
Valdosta State University  
Valdosta, GA 31698**

**FIELD INSTRUCTOR:**

Name of Student: \_\_\_\_\_

Name of Field Instructor: \_\_\_\_\_

Recommended Grade:  Satisfactory  Marginal  Unsatisfactory

\_\_\_\_\_  
Field Instructor

\_\_\_\_\_  
Date

Student's strengths:

Specific behaviors that need development:

**Specific Recommendations:**

I have read this report: \_\_\_\_\_  
Student Date

**FACULTY LIAISON:**

Grade Assigned:

Satisfactory  Marginal  Unsatisfactory  Incomplete  Withdrew

\_\_\_\_\_  
Faculty Liaison Date