Central Connecticut State University
SOCIAL WORK PROGRAM
70 - Hour Volunteer Generalist Practice Evaluation

This social work program competency evaluation identifies demonstrated learning outcomes expected of CCSU students in 70-Hour volunteer placements and is to be completed jointly by student and volunteer hour supervisor.

Student Name: ___________________________________________ ID#____________________

SW Course: ______________________ Professor________________________

Name of Agency/Program ___________________________________

Name of Supervisor _______________________________________

Semester   Year:  20____
☐  Fall
☐  Spring
☐  Summer

Has student completed required hours (70 hours per semester)?
☐  Yes
☐  No
If no, please explain:

Part 1. **Attitudes** - Competencies 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.6 - Practice Behaviors Learning Outcome Demonstrated

How would you evaluate the student’s professional attitudes about work as evidenced by the following?

Scale: 4 = Always    3 = Almost Always    2 = Sometimes    1 = Almost Never

A. Conscientious about volunteer hours
   4  3  2  1

   1. Arrives on time
      4  3  2  1

   2. Leaves at allotted/assigned time
      4  3  2  1

B. Dresses appropriately for the agency
   4  3  2  1

C. Dependable in completing assignments
   4  3  2  1
D. Models common sense and good judgment in carrying out tasks  
4 3 2 1

E. Presents a positive attitude towards others (staff, clients, volunteers, etc.)  
4 3 2 1

F. Uses and responds positively to supervision  
4 3 2 1

G. Exhibits respect towards colleagues and clients  
4 3 2 1

H. Exhibits the belief that all clients have strengths  
4 3 2 1

I. Accepts responsibility for one’s own actions  
4 3 2 1

Part 2. Knowledge - Competencies 2.1.1, 2.1.2, 2.1.5, 2.1.6 Practice Behavior Learning Outcome Demonstrated

How would you evaluate the student’s professional social work beginning knowledge evidenced by the following?

Scale: 4 = Always 3 = Almost Always 2 = Sometimes 1 = Almost Never

A. Demonstrates beginning knowledge about agency  
4 3 2 1

1. Describes mission and philosophy  
4 3 2 1

2. Explains programs provided by agency  
4 3 2 1

3. Identifies population served  
4 3 2 1

4. Identifies community served  
4 3 2 1

B. Illustrates beginning understanding of eligibility, intake and referral procedures  
4 3 2 1

C. Exhibits understanding and respect for confidentiality and any exception related to it  
4 3 2 1
Part 3. **Skills and Abilities** - Competencies 2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.1.5, 2.1.6, 2.1.7 - Practice Behavior Learning Outcome Demonstrated

**How would you evaluate the student’s professional skills and abilities evidenced by the following?**

<table>
<thead>
<tr>
<th>Scale: 4 = Always</th>
<th>3 = Almost Always</th>
<th>2 = Sometimes</th>
<th>1 = Almost Never</th>
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</thead>
<tbody>
<tr>
<td><strong>A.</strong> Uses beginning listening skills</td>
<td></td>
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<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tbody>
</table>

| **B.** Demonstrates ability to be warm and accepting in assisting clients who may be uncooperative |
| 4 | 3 | 2 | 1 |

| **C.** Adapts to new situations |
| 4 | 3 | 2 | 1 |

1. Responds positively to unpredictable situations (or demonstrates flexibility)
   | 4 | 3 | 2 | 1 |

| **D.** Exhibits sensitivity and awareness to ethnic and cultural differences |
| 4 | 3 | 2 | 1 |

| **E.** Uses and responds positively to supervision |
| 4 | 3 | 2 | 1 |

| **F.** Able to maintain appropriate social work boundaries |
| 4 | 3 | 2 | 1 |

| **G.** Demonstrates a beginning recognition of clients’ right to self-determination |
| 4 | 3 | 2 | 1 |

| **H.** Seeks opportunities for contact and interactions with clients |
| 4 | 3 | 2 | 1 |

| **I.** Advocates on behalf of clients with agency, staff, supervisors and other agency resources |
| 4 | 3 | 2 | 1 |

**Part 4.** Supervisors are encouraged to provide written comments and may use the back of this sheet or additional sheets. Students are also encouraged to comment and may use the back of this sheet.

*Signature of Student*   *Signature & Title of Evaluator*   *Date*

*To be reviewed and signed jointly by student and evaluator at time of final evaluation meeting*