

Flinders University
Bachelor of Justice and Society
Practicum/Work Placement Program

STUDENT EVALUATION OF PLACEMENT FORM

(to be completed by the student at the conclusion of the work placement)

Student:.....

Placement Provider:.....

Placement Location:.....

Start Date: Finish Date:.....

Please rate your placement according to the scale

Please indicate your level of agreement of the following statements:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The work placement provider allowed adequate time for instruction and discussion					
I was clear about the duties I was required to undertake					
My work placement supervisor was accessible when I required information or clarification					
I was instructed at a level appropriate to my experience					
I was enabled to actively participate in the work of the organisation					
I was given useful feedback on my performance					
I was provided with appropriate support facilities					
I was able to develop skills that will be useful for me in future employment					
I was able to access information about the organisation/industry that will help me to better prepare for paid employment					
Overall this organisation was an effective Placement Provider					

Please provide additional comments if applicable:.....
.....
.....

I authorise this information to be used anonymously¹ for research purposes to market the degree and evaluate and promote the topic: yes no

Signature.....**Date**.....

¹ The names of either party will not be used in any way that may result in identification of individuals or organisations.