

**Advanced Standing & Transfer Applicants only**  
**Field Evaluation Form**

Information requested on the attached form, **must be** filled out by a faculty member or field supervisor. This form assists the program to evaluate the MSW Applicant's capacity to perform at a third semester graduate level. Please attach the field evaluation with the submission of this form.

*To be completed by the applicant:*

Applicant Name \_\_\_\_\_ Application ID # \_\_\_\_\_ Date \_\_\_\_\_  
Faculty Name \_\_\_\_\_ College/University \_\_\_\_\_  
I waive my right to examine this form. \_\_\_\_\_ I do not waive my right to examine this form. \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_

*To be completed by Faculty Member:*

Field Work Agency \_\_\_\_\_ Type of Agency \_\_\_\_\_  
Did the student complete 400 field placement hours? \_\_\_\_\_  
Length of Assignment \_\_\_\_\_  
Was the student supervised by an MSW? \_\_\_\_\_  
Process Recordings required? \_\_\_\_\_ How many? \_\_\_\_\_  
Was there a written field evaluation? \_\_\_\_\_

*Please describe the learning assignments in detail. (Include number of cases, types of clients/groups, and focus of service etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please describe the level of practice developed by the scholar in work with individuals, families, groups and/or communities. Describe the student's capacity to handle workload (recordings, reports, progress notes, use of time etc.).*

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*Summary: Do you recommend the applicant to begin the third semester graduate level? Why?*

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*Person completing form \_\_\_\_\_ Title \_\_\_\_\_*

*Signature \_\_\_\_\_ Date \_\_\_\_\_*

*Please email this form along with the field evaluation directly with the name of the scholar in the subject line to: [MSW@york.cuny.edu](mailto:MSW@york.cuny.edu)*

***Faculty Member or Field Supervisor: Please cc scholar.***

***Scholar: Upload this document to the SocialWorkCAS system under "Other" in the document section.***