St. Clair County Community Mental Health Authority

Student Evaluation

Stu	dent:	
Edu	cational Program:	
CM	H Placement Site(s):	_ Field Instructor:
Plac	ement Began:	Placement Ends:
1.	Describe how the student utilized knowledge their placement.	they learned in the classroom and applied it to practice in
2.	Describe the specific responsibilities/duties pedocumentation, other, etc.).	erformed by the student (e.g. caseload, persons served,

Human Resources Form: #06-0821 Revised Date: 7/1/2023

Admin. Procedure Ref: #06-001-0110

4.	Did the student complete the appropriate nowhy?	umber of hours to meet their placement requirement? If i	not
5.	Overall evaluation:		
 Fiel	d Instructor Signature	 	

Human Resources Form: #06-0821 Revised Date: 7/1/2023 Admin. Procedure Ref: #06-001-0110