

Name of Agency	
Field Unit	
Completed by	
Position	
Contact No.	
Email	

Name of Student		
Programme		
Placement Mode		
Name of Supervisor		

**PART B (Feedback on Fieldwork Arrangement)**

<b>(I)</b>	<b>Satisfaction with fieldwork coordination (i.e. fieldwork arrangements and coordination between agency/fieldwork unit and the Fieldwork Coordination Team of APSS)</b> <i>(Excellent / Very Satisfactory / Satisfactory / Not Satisfactory)</i>
<b>Comments:</b>	

<b>(II)</b>	<b>Satisfaction with Fieldwork supervision</b> <i>(Excellent / Very Satisfactory / Satisfactory / Not Satisfactory)</i>
<b>Comments:</b>	

<b>(III)</b>	<b>Supervision Hours</b>
<b>Comments:</b>	

<b>Any other comments</b>
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Thank You