UNIVERSITY OF ARKANSAS AT MONTICELLO
DEPARTMENT OF SOCIAL WORK

Agency Interview Response Form

Student Name____________________________________ Date of Interview__________________________

Agency________________________________________ Your Name:____________________________________

Please rate your impressions on the following areas with 1 being low and 5 being high:

1. Your overall impression of the student ______1____2____3____4_____5
   Explain: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

2. Your assessment of the student’s “fit” with your agency ______1____2____3____4_____5
   Explain: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

3. What strengths and skills would you identify the student has for this placement?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

4. What challenges would this student face in a placement at your agency?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

5. Other comments: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

______________________________ __________________________
Signature Date

Revised 6.15.2017