

# **National Commission for Academic Accreditation & Assessment**

## **FIELD EXPERIENCE REPORT**

To be completed by the field experience coordinator at the end of each field experience after receiving evaluation information and given to program coordinator.

# Field Experience Report

*Field Experience encompasses fieldwork, professional or clinical placements, internships and other forms of placement learning and applied learning that are part of the formal curriculum within the educational program. For guidance on the completion of this template, refer to of Handbook 2, Internal Quality Assurance Processes*

|                    |
|--------------------|
| Institution        |
| College/Department |

## A General Information

|                                                                             |
|-----------------------------------------------------------------------------|
| 1 Field experience course title and code                                    |
| 2 Program(s) in which this field experience activity is offered             |
| 3 Name of faculty member responsible for administration of field experience |
| 4 Year/ semester to which this report applies                               |

## B Conduct of Field Experience

|                                                                                    |                                                                   |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1 Changes (if any) from planned arrangements for preparation of students.          | Comment (reasons, consequences, implications for future planning) |
| 2 Changes (if any) from planned arrangements for preparation of field supervisors. | Comment (reasons, consequences, implications for future planning) |
| 3 Changes (if any) in organizational arrangements for the field experience         |                                                                   |
|                                                                                    | Comment (reasons, consequences, implications for future planning) |
| a. Changes in required activity, tasks or assignments                              |                                                                   |
| b. Changes in arrangements for student support                                     |                                                                   |

|                           |  |
|---------------------------|--|
|                           |  |
| c. Other changes (if any) |  |

### C Results

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| 1 Number of students starting the field experience:   | <input type="text"/> |
| 2 Number of students completing the field experience: | <input type="text"/> |

3 Distribution of Grades (If percentage marks are given indicate numbers in each 5 percentile group)

|              | No |    | %            | No | %     | No |
|--------------|----|----|--------------|----|-------|----|
| A            |    | OR | 95-100       |    | 70-47 |    |
| B            |    |    | 90-94        |    | 65-69 |    |
| C            |    |    | 85-89        |    | 60-64 |    |
| D            |    |    | 80-84        |    | < 60  |    |
| F            |    |    | 75-79        |    |       |    |
| Denied Entry |    |    | Denied Entry |    |       |    |
| In Progress  |    |    | In Progress  |    |       |    |
| Incomplete   |    |    | Incomplete   |    |       |    |
| Pass         |    |    | Pass         |    |       |    |
| Fail         |    |    | Fail         |    |       |    |
| Withdrawn    |    |    | Withdrawn    |    |       |    |

4 Result Summary:

Passed: No  Percent  Failed No  Percent

Did not complete No  Percent

5 Special factors (if any) affecting the results

### **D Administrative Issues**

1 Administrative difficulties encountered either at the institution or in the field situations (if any).

2. Effect of any difficulties on student learning outcomes.

3. Changes needed to avoid these difficulties in future administration of the field experience. (if any)

### **E Evaluation of Field Experience Activity**

1. Student Evaluation of the field experience: (attach survey results)

a. List the most important criticisms and strengths

b. Response of coordinator or field experience team

2 Comments (interviews, survey results etc) from field experience supervisors:

|                                                      |
|------------------------------------------------------|
| a. List the most important criticisms and strengths. |
| b. Response of coordinator or field experience team. |

## F Planning for Improvement

|                                                                                                                                                                                                                                                                                                         |                                                                          |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------|
| 1. Action taken to improve the field experience this semester/year.<br>Provide a brief summary of significant developments this year, including professional development for faculty or support for field supervisors, modifications to the field experience, and new approaches to quality management. |                                                                          |                    |
| 2 Progress on other action identified in previous action plans:                                                                                                                                                                                                                                         |                                                                          |                    |
| a. Items identified last year for action (other than those shown in item 1 above)                                                                                                                                                                                                                       | State whether completed, the impact, and if not completed, give reasons. |                    |
| 3. Action Plan for Next Semester/Year                                                                                                                                                                                                                                                                   |                                                                          |                    |
| Actions Required                                                                                                                                                                                                                                                                                        | Planned Completion Date                                                  | Person Responsible |
|                                                                                                                                                                                                                                                                                                         |                                                                          |                    |

4. Recommendations to Program Coordinator (if required)

Recommendations to program coordinator if any proposed action to improve the field experience would require approval at program, department or institutional level or that might affect other courses in the program.

Field Experience coordinator

Signature: \_\_\_\_\_ Date report completed: \_\_\_\_\_

Date received by Program Coordinator: \_\_\_\_\_