

FACULTY FIELD LIAISON REPORT FORM

The purpose of this form is to provide information to the Field Coordinator regarding student learning progress in field placement. Please complete this form after each site visit or significant phone/campus conference and submit it to the Field Coordinator. Thank you!

FACULTY LIAISON:

DATE OF CONTACT:

First Visit

Second Visit

STUDENT NAME:

LEVEL: BA

MSW I

MSW II

STIPEND/CREDENTIAL:

TIVE

MH

PPS

AGENCY NAME:

FIELD INSTRUCTOR NAME:

Summary of Contact (check all applicable areas):

Reviewed agency orientation and schedule of field placement hours

Reviewed planned learning assignments and congruence with concurrent practice class(es).

Assisted in the development/review of the learning agreement

Reviewed schedule and content of weekly supervision meetings with MSW field instructor/non-MSW agency supervisor

Discussed current learning progress and identified areas of focus for the remainder of the semester. Reviewed timelines for completion of learning agreement, evaluation of practice/journal, and evaluations.

OTHER:

ADDITIONAL COMMENTS AND/OR CONCERNS: