BSW __________ MSW: Campus Based F. _______ C _______ MSW Online F ________ C ________

Liaison
Name ___________________________________________ Semester _______ Year __________

Student
Name ___________________________________________

Agency
Name ___________________________________________

Field
Instructor Name ___________________________________

Date of First Visit (to be completed before mid-semester) _______________________

The agency has adequate office space and supplies for the student. ____ Yes ____ No
Comment ____________________________________________

The student has received appropriate orientation to the agency. ____ Yes ____ No
Comment ____________________________________________

The student is receiving regularly scheduled supervision time. ____ Yes ____ No
Comment ____________________________________________

The field instructor you met with is the person named on your list. ____ Yes ____ No
Comment ____________________________________________

The field instructor has a current field policy/procedure manual. ____ Yes ____ No
Comment ____________________________________________

The objectives and tasks identified in the learning contract are appropriate to the student’s category. ____ Yes ____ No
Comment ____________________________________________
The student is able to identify her/his areas of strengths/limitations. ____Yes ____No

Comment_____________________________________________________________________________

The student is meeting the required number of hours. ____Yes ____No

Comment_____________________________________________________________________________

The student has an understanding and appreciation of the ethics and values of the profession. ____Yes ____No

Comment_____________________________________________________________________________

The student has an understanding of the role of social work within the agency setting. ____Yes ____No

Comment_____________________________________________________________________________

The Student is demonstrating professional behavior and competencies appropriate for his/her educational level. Yes /Comments________________________

If not please explain and identify action to be taken.______________________________________

__________________________________________________________

Liaison
Signature_____________________________________________Date____________________________

Field Instructor
Signature______________________________________Date___________________________

Student
Signature_____________________________________________Date_________________________
Date of Second Contact (completed after mid-semester)___________________

Issues discussed were:

Student has met the competences as identified in the learning contract

Satisfactory /comments___________________ _______________________________

Unsatisfactory /comments________________________________________________________

Has student completed the required hours for field education

BSW Minimum 450 hours total hours_____________________

MSW Foundation 400 hours total hours_____________________

MSW Concentration 500 Hours total hours _____________________

Student Evaluations completed

BSW: Midterm Y/N_______ Final Y/N_______________

MSW Foundation 1st Semester Y/N__________ 2nd Semester Y/N_______________

MSW Concentration 1st Semester Y/N__________ 2nd Semester Y/N ________________

Liaison
Signature______________________________________Date__________________________

Field Instructor
Signature______________________________________Date__________________________

Student
Signature______________________________________Date__________________________