

Field Practicum Site Visit Record

BSW

MSW Generalist

MSW Advanced

Field Liaison Name: _____

Student Name: _____

Agency: _____

Field Instructor: _____

Field Supervisor (if applicable): _____

Date & Time of visit: _____

Practicum Hours to Date: _____

Assessment of Student's Performance in Practicum to Date:

Meets Expectations: _____ Not Meeting Expectations: _____

Summary of Discussion, Recommendations and / or follow-up needs and plan:

Summary of Visit: _____

Strengths: _____

Concerns: _____

SLA: _____

Self-Care: _____

Follow-up (if needed): _____
