

FACULTY LIAISON FIELD VISIT REPORT  
PART A: STUDENT ASSESSMENT

STUDENT \_\_\_\_\_ FIELD INSTRUCTOR \_\_\_\_\_

AGENCY \_\_\_\_\_ DATE OF CONTACT \_\_\_\_\_

SEMESTER, YEAR: Fall \_\_\_\_\_ FIELD COURSE: \_\_\_\_\_  
Spring \_\_\_\_\_  
Summer \_\_\_\_\_

CURRICULUM: Foundation \_\_\_\_\_ Gerontology \_\_\_\_\_  
Health Care \_\_\_\_\_ Child & Fam \_\_\_\_\_  
Mental Hlth \_\_\_\_\_ Political SW \_\_\_\_\_

1. Anticipated or identified problem areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Plan and Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Impression of Student's overall functioning in field: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Impression of Student's use of supervision and relationship with Field Instructor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Liaison Signature \_\_\_\_\_ DATE: \_\_\_\_\_