

**FACULTY
FIELD
LIAISON
FORMS**

NORTHEASTERN STATE UNIVERSITY

Social Work Department

(Completed by LIAISON regarding *PRACTICUM PLACEMENT*)

Agency: _____

Field Instructor: _____

Semester: _____ Fall _____ Spring _____ Summer Year: _____

Number of students in placement: _____

Indicate program and course number: _____

1. Number of site visits during the semester:

None: _____ One: _____ Two: _____ More than two: _____

2. Other contacts made with the field instructor or other agency personnel (including telephone)?

Who initiated the contacts? You: _____ Agency: _____ Students: _____

3. Did the agency provide the following?

Orientation to agency and expectations _____	YES	NO
In-service training _____	YES	NO
Other types of training _____	YES	NO
Staff meetings _____	YES	NO
Proper physical environment/resources _____	YES	NO
Adequate security _____	YES	NO
Relevant learning experience _____	YES	NO
Communication/teamwork with Department _____	YES	NO

Identify any specific strengths and/or problems:

4. Did the field instructor provide the following?

Participation in the development of the Student's Educational Contract _____	YES	NO
Weekly scheduled individual supervisory conference and others as needed _____	YES	NO
On-going feedback to student _____	YES	NO
Positive social work role model _____	YES	NO
Sufficient caseload and variety of assignments _____	YES	NO

Identify any specific strengths and/or problems:

5. Did the student(s) identify specific problems with the agency or field instructor?
Yes _____ No _____

If yes, please comment:

6. Would you recommend use of this agency and/or field instructor next semester?
Yes _____ No _____

If no, please explain:

7. Specific feedback for the agency and/or field instructor:

Liaison Signature: _____ Date: _____

AGENCY VISIT CHECKLIST
(Completed by the Faculty Liaison)

Student Name	Agency
Semester	Field Instructor

INITIAL CONTACT WITH AGENCY: Date: _____
Education Contract Concerns or Questions: _____

Student Conference Concerns or Questions: _____

Practicum Issues identified during contact: _____

Action taken to resolve issue: _____

Date for Faculty Liaison visit to agency: _____

*** Please leave contact information with FI

AGENCY VISIT: Date/time of visit: _____

Was the student present for the visit?	Yes	No
Student Portfolio up-to-date/complete?	Yes	No
Educational Contract utilized and objectives substantially met?	Yes	No
Field Instructor/Agency fulfilling responsibility?	Yes	No
Student completed (or plans to complete) practicum hours?	Yes	No
Final Student Evaluation completed?	Yes	No

Liaison's evaluation and comments:

Faculty Liaison