

**Boise State University
School of Social Work**

**Field Liaison Report
Regular Site Visit**

Name of Student: _____ Date: _____

Education Status: _____ BSW _____ MSW1 _____ MSW2

Area of Focus: _____ Community, Program/Policy _____ Health/Mental Health
_____ Children, Youth, and Families _____ School Social Work
_____ Other: _____

Placement Agency Name: _____

Field Instructor: _____

Brief Review of Field Experience: _____

Does the field education experience meet the course objectives of the practicum?

_____ Yes _____ No

Is progress consistent with field learning plan? _____ Yes _____ No

Concerns/Recommendations: _____

Field Liaison: _____ Date: _____

Field Instructor: _____ Date: _____

Field Instructor: _____ Date: _____

Student : _____ Date: _____