Student: ________________________________

Field Instructor: __________________________

Suggested completion date: (March - spring semester; June – summer semester; October – fall semester)

1. Please record an impression of your student’s growth since last semester.

2. Please refer to the SOWK 642 educational goals and objectives and comment on your student’s areas of strength regarding the student’s cognitive skills and professional performance.

3. Please refer to the SOWK 642 educational goals and objectives and comment on your student’s limitations or areas of concern regarding the student’s cognitive skills and professional performance.

4. What specific actions is your student taking to prepare for termination from the agency?

5. Other comments.

_____Student is progress adequately  _____Student is NOT progressing adequately

Student is on-track to complete field hours by the end of the semester ___yes ___no

Field Instructor’s Signature/Date: ____________________________________________________

Task Supervisor Signature/Date: ____________________________________________________

Student’s Signature/Date: _________________________________________________________

Faculty Field Liaison Signature/Date: ______________________________________________

Revised 7/15