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: ____________