Boise State University  
School of Social Work  
Field Liaison Report  
Special 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: __________________________________________________________________

Nature of Concern/Disruption: __________________________________________________________________

Proposed Resolution: __________________________________________________________________

Plan of Action: __________________________________________________________________

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<th>Goal</th>
<th>Responsible Party</th>
<th>Target Date</th>
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Follow-up Meeting Date and Time: ___________________________

Field Liaison: ___________________  Student: __________________

Field Instructor: _________________  Practicum Director: _______________