

THE UNIVERSITY OF TENNESSEE - COLLEGE OF SOCIAL WORK
HGNF PROGRAM
FIELD LIAISON REPORT FORM

Field Supervisor: _____ Date of Visit: _____

Field Placement Site: _____

Student: _____

Present for Meeting: _____

Is the learning contract completed for this semester? Yes _____ No _____

If not, expected date of completion: _____

Purpose of field liaison visit: _____
_____ regular semester visit
_____ requested by student
_____ requested by field instructor
_____ other (please specify) _____

Student is making adequate progress: _____ Yes _____ No

Student is receiving adequate assignments: _____ Yes _____ No

Student is having regular supervisory conferences: _____ Yes _____ No

If you responded "No" to any of the above statements, please elaborate:

Summary of any additional issues discussed:

Recommendations:

Field Liaison Signature

Date