

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

Agency: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Field Instructor: \_\_\_\_\_

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