

Liaison Name

Saginaw Valley State University
Department of Social Work & Youth Services

Agency Placement Visit Summary

Mid- Term, weeks 4-8

Student Name: _____ **Date & Time of visit:** _____

Agency Name: _____

Field Instructor Name: _____

Do any other individuals provide direct instruction or supervision for student? Yes No

Please provide their names: _____

Individuals present during meeting:

Total hours completed as of today: _____ **Student on track with hours?** Yes No

The Learning Agreement was reviewed: Yes No

Number of tasks completed to date: _____ (At least 30 out of 82 by Mid-semester)

Has the Student made any amendments to the initial Learning Agreement? Yes No

If yes, please indicate the Competency number(s) in which the task has changed: _____

Follow-up comments or concerns (Changes in Agency/Field Supervision, etc.):

Student: _____

Field Instructor: _____

Faculty Liaison: _____

By signing below, we agree that the Field Visit has occurred on the stated date:

Student Signature: _____ **Date:** _____

Field Instructor Signature: _____ **Date:** _____

Faculty Liaison Signature: _____ **Date:** _____

Please return the completed form to the field office by November 1 and March 11.