

**Agency Visit – Liaison Summary Report**  
**This form should be completed for every agency visit done by the field liaison.**

Liaison Name: \_\_\_\_\_ Field Instructor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Field Instructor e-mail: \_\_\_\_\_

Agency Name \_\_\_\_\_ Field Instructor Phone: \_\_\_\_\_

Days/Hours of Placement: \_\_\_\_\_

**STUDENT PRACTICE**

- Student maintains professional presence? Yes\_\_ No\_\_ Uncertain\_\_
- Student is punctual? Yes\_\_ No\_\_ Uncertain\_\_
- Student is able to look at their own behaviors, attitudes, feelings regarding clients? Yes\_\_ No\_\_ Uncertain\_\_
- Student is able to seek out assistance and information from colleagues? Yes\_\_ No\_\_ Uncertain\_\_
- Student seeks out learning opportunities? Yes\_\_ No\_\_ Uncertain\_\_
- Student shows initiative in all areas of practice? Yes\_\_ No\_\_ Uncertain\_\_

**SUPERVISION**

- Student prepares for supervision? Yes\_\_ No\_\_ Uncertain\_\_
- Student is reflective? Yes\_\_ No\_\_ Uncertain\_\_
- Student is an active learner? Yes\_\_ No\_\_ Uncertain\_\_
- Student submits process recordings each week, on time? Yes\_\_ No\_\_ Uncertain\_\_
- Student's process recordings are comprehensive? Yes\_\_ No\_\_ Uncertain\_\_

**FIELD INSTRUCTOR**

- Is FI accessible to student? Yes\_\_ No\_\_ Uncertain\_\_
- FI holds regular supervision? Yes\_\_ No\_\_ Uncertain\_\_
- FI provides attentive feedback on process recordings? Yes\_\_ No\_\_ Uncertain\_\_
- FI shows clarity of supervisory comments? Yes\_\_ No\_\_ Uncertain\_\_
- FI has a reasonable expectation of student? Yes\_\_ No\_\_ Uncertain\_\_
- FI's teaching skills are appropriate? Yes\_\_ No\_\_ Uncertain\_\_
- FI is responsive to liaison's calls? Yes\_\_ No\_\_ Uncertain\_\_

<b>Items Reviewed/Discussed (check all that apply):</b>			
<input type="checkbox"/>	Educational Plans (designing/revising)	<input type="checkbox"/>	Educational Plans (progress with activities)
<input type="checkbox"/>	Process recordings/practice reflections	<input type="checkbox"/>	Monthly reports
<input type="checkbox"/>	Supervision (frequency/content)	<input type="checkbox"/>	Integration with course work
<input type="checkbox"/>	Appropriate use of self	<input type="checkbox"/>	Evaluation
<input type="checkbox"/>	Problem resolution/mediation	<input type="checkbox"/>	Termination (Spring)
<b>Should agency/unit remain a placement?</b>		<input type="checkbox"/>	<b>Should FI be used again?</b>

Comments: \_\_\_\_\_  
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 LIAISON SIGNATURE & DATE