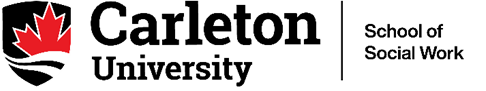
**Faculty Liaison Report  
Initial Consultation Form**

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| **PLACEMENT INFORMATION** | | |
| **Student name:** |  | |
| **Placement level:** | **BSW: 3rd year**  **BSW: 4th year** | **MSW: 1st year**  **MSW: 2nd year** |
| **Placement setting:** |  | |
| **Field Supervisor(s):** |  | |
| **Faculty Liaison:** |  | |
| **Date:** |  | |

|  |  |
| --- | --- |
| **OVERVIEW** | |
| **Start date of placement:** |  |
| **Hours/days per week in placement:** |  |
| **Number of hours accrued to date:** |  |
| **Anticipated end date of placement:**  *No later than the last day of classes for the term* |  |
| Discussed roles and responsibilities of everyone involved in practicum: | **Yes  No** |
| Comments (e.g., special arrangements): | |

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| **EVALUATION OF FIELD SETTING** | |
| Comprehensive orientation (e.g., agency, staff, client or client group, policies and procedures, health and safety, confidentiality): | **Yes  No** |
| Student has appropriate workspace: | **Yes  No** |
| Structured supervision time arranged: | **Yes  No** |
| Comments: | |

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| **EVALUATION OF STUDENT PROGRESS** | |
| Provide a brief description of the student’s practice activities and learning to date: | |
|  | |
| Able to provide a clear overview of the agency, its mandate and the services provided: | **Yes  In progress** |
| Demonstrates professionalism (e.g., reliable and conscientious, prepared for placement and supervision, punctuality, time management): | **Yes  In progress** |
| Demonstrates ability to develop effective working relationships with agency personnel (e.g., professional boundaries, clear and respectful communication, interpersonal and written communication): | **Yes  In progress** |
| Engages in, develops and maintains relationships that respect the client/client-group’s experiences (e.g., social-economic, cultural and community contexts): | **Yes  In progress** |
| Takes initiative toward increasing own level of knowledge and skill: | **Yes  In progress** |
| Comments: | |

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| **LEARNING CONTRACT** | |
| Learning contract reviewed and approved by all three parties (Field Supervisor, student, Faculty Liaison): | **Yes  In progress** |
| If in progress, due date: |  |
| Comments: | |

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| **CONCERNS/DIFFICULTIES** |
| Are there any concerns/difficulties that either the student or Field Supervisor has regarding the placement to date (e.g., lack of adequate supervision, lack of appropriate learning activities, lack of fit between student/agency, student performance concerns)? |
|  |
| Outline the plan developed to address any concerns/difficulties identified: |
|  |

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| --- | --- | --- | --- | --- |
| **IMPORTANT DATES** | | | | |
| The Field Supervisor and student are expected to allocate a specific time to share and discuss their completed evaluations at both the mid-point and end-point of placement.  The School expects the Faculty Liaisons to consult with the Field Supervisor soon after the mid-point meeting has occurred. This consultation is vital to the educational assessment of each student’s learning needs. | | | | |
| **Mid-Point Evaluation Forms due** (Field Supervisor & student):  *Mid-point mark: approximately week 6 for SOWK 3601, 4600 and 4601 students; week 7 for SOWK 5606 and 5607 students; week 11 for SOWK 3600 students* | | |  | |
| **Next consultation date:**  *Telephone consultation, or in-person if needed* | | |  | |
| **End-Point Evaluations Forms due** (Field Supervisor & student):  *No later than the last day of placement for the term* | | |  | |
| **THEORY TO PRACTICE ASSIGNMENT(S) & CUPORTFOLIO\***  *\*Required for MSW students only* | | | | |
| **BSW STUDENT ASSIGNMENTS**  *Due no later than the last day of classes for the term* | | **MSW STUDENT ASSIGNMENTS**  *Due no later than the last day of classes for the term* | | |
| **Reflective Journal option due dates:** | (1)  (2)  (3) | **Reflective Assignment due dates:** | | (1)  (2) |
| **Reflective Paper option due:** |  | **cuPortfolio due:** | |  |
| Comments: | | | | |

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| **Is this placement satisfactory to date?**  *If NO, please consult with the Practicum Coordinator* | **Yes  No** |

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| --- | --- | --- |
| **FACULTY LIAISON:** | **SIGNATURE:** | **DATE:** |
|  |  |  |

**COPIES OF THIS REPORT SHOULD BE DISTRIBUTED TO THE FIELD SUPERVISOR AND STUDENT, AND BE RETAINED FOR THE STUDENT’S OFFICIAL RECORD**

**School of Social Work** | 509 Dunton Tower | 1125 Colonel By Dr. | Ottawa, ON K1S 5B6 Canada  
Tel: 613.520.5601 | Fax: 613.520.7496

*Revised December 10, 2021.*