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 **Faculty Liaison Report**

1. **Telephone Consultation**

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| **STUDENT:** |  |
| **PLACEMENT SETTING:** |  |
| **FIELD SUPERVISOR(S):** |  |
| **FACULTY LIAISON:** |  |
| **DATE:** |  |

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| **OVERVIEW** |
| **HOURS/DAYS PER WEEK IN PLACEMENT:** |  |
| **NUMBER OF HOURS ACCRUED TO DATE:**  |  |
| **ANTICIPATED END DATE OF PLACEMENT:** No later than last day of classes for term |  |
| **Comments**: |

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| **SUMMARY** |
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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.***  |
| **NEXT CONSULTATION DATE (if required):**Telephone Consultation (or in-person if needed)  |  |
| **END-POINT EVALUATION MEETING TO BE HELD BETWEEN STUDENT AND FIELD SUPERVISOR** |  |
| **END-POINT EVALUATIONS DUE (Field Supervisor/Student):** No later than the last day of placement |  |

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| **OUTSTANDING** **ASSIGNMENTS TO COMPLETE (STUDENT)** |
| **REFLECTIVE JOUNAL OPTION** | **DUE DATES:**(1)(2)(3) |
| **REFLECTIVE PAPER OPTION** | **DUE DATE:** |
| **Other/Comments:** |

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| **IS THIS PLACEMENT SATISFACTORY TO DATE** | **Yes No** |
| If NO, please consult with the Practicum Coordinator |

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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.

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