****

**Faculty Liaison Report**

1. **Telephone Consultation**

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

|  |  |
| --- | --- |
| **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**: | |

|  |
| --- |
| **SUMMARY** |
|  |

|  |  |
| --- | --- |
| **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 |  |

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

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

|  |  |  |
| --- | --- | --- |
| **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,** 1125 Colonel By Drive**,** Ottawa, ON K1S 5B6 Canada**,**

Tel: (613) 520-5601**,** Fax: (613) 520-7496