

SITE VISIT REPORT

Date: _____

Agency Name: _____

Field Instructor: _____ Student: _____

Brief Review of Field Experience:

Does the field education experience meet the course objectives of the practicum? Yes ___ No ___

Placement Strengths:

Any Concerns/Recommendations:

Proposed Resolution or Plan of Action to Address Concerns/Recommendations:

Follow-Up Plan:

Signatures:

Field Instructor

Date

Field Director

Date

Student

Date