

**Indiana University  
School of Social Work BSW Program  
Field Visit Form**

**Field Agency:**

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**Student:**

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**Field Instructor:**

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**Field Liaison:**

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**Date of Visit to Agency:**

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**Names of Persons Seen:**

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**Please complete a separate form for each student seen during the agency visit. Your prompt completion and return of the form is appreciated.**

**1. Major educational assets/strengths of the field placement.**

**2. Significant educational problems, concerns and/or issues encountered during the consultation:**

a. Will additional follow-up on your part be needed? Yes  No   
Comments:

b. Would you like consultation with the appropriate Field Instructor and/or Field Coordinator concerning these concerns/issues? Yes  No

**3. Overall, this student's placement seems to be (check one):**

- a.  Progressing satisfactorily for all concerned
- b.  Progressing satisfactorily with some problems
- c.  Progressing poorly with significant problems