

Indiana University School of Social Work
FACULTY FIELD LIAISON AGENCY VISIT FEEDBACK FORM

Faculty Field Liaisons: Please complete and return this form to the MSW field office. Please complete a separate form for each student seen during the consultation visit. Your prompt completion and return of the form is appreciated. Thank you!!

Field Agency Name: _____

Student's Name: _____

Student's Program Level: _____MSW Intermediate _____MSW Concentration Year

For concentration year placements, indicate the student's concentration:

Child Welfare	
Health	
Leadership	
Mental Health and Addictions	
Schools	

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 Instruction Coordinator concerning these concerns/issues? Yes [] Not at this time []

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