

FACULTY FIELD LIAISON AGENCY VISIT/CONTACT FORM

To be completed for each student after a Field Education visit or agency contact.

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Date of visit:

Name of Student:

Field Education Agency:

Field instructor:

Faculty Liaison:

Rating of Placement

Excellent

Good

Satisfactory

Unsatisfactory

Type of contact:

Agency Visit

Phone Call

Skype/ooVoo

Other

Comment:

Rating of student progress

Excellent

Good

Satisfactory

Unsatisfactory

Comment: