

Monthly Checklist for Field Supervisors

Student's Name _____ Emplid ID: _____

Course _____ Section _____ Semester _____ Instructor _____

Name of Agency _____ Field Supervisor _____

<u>Meetings:</u>	<u>Number of Assignments</u>	<u>Comments</u>
Intern Orientation		
Staff Meetings		
Case Conferences		
Community Meetings		
Other (Please Specify)		

Supervision (Please check all that apply)

Individual	_____ ½ hour weekly	_____ 1 hour weekly	_____ 1 hour bi-weekly
Group	_____ ½ hour weekly	_____ 1 hour weekly	_____ 1 hour bi-weekly

Contacts	Formal #	Informal #	Comments
Individual			
Group			
Family			

Professional Writing	Number of Assignments	Comments
Progress Notes (Individual, Group, or Family)		
Phone Contacts		
Intake Summary		
Assessment and Planning Summary		
Professional Letters		
Special Projects (Flyers, Websites, Manuals, etc. please specify)		

Concerns (regarding students' performance, behavior, attitude and appearance this month) _____

Was the student supervised/informed about these concerns? Yes _____ No _____ Date _____

Agency Supervisor's Signature _____ Date _____

Seminar Instructor's Signature _____ Date _____