Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Suggested completion date: (March - spring semester; June – summer semester; October – fall semester)**

1. Please record an impression of your student’s growth since last semester.

2. Please refer to the CSWE competencies and comment on your student’s areas of strength regarding the student’s cognitive skills and professional performance.

3. Please refer to the CSWE competencies and comment on your student’s limitations or areas of concern regarding the student’s cognitive skills and professional performance.

4. What specific actions is your student taking to prepare for termination from the agency?

5. Other comments.

\_\_\_\_\_\_Student is progress adequately \_\_\_\_\_Student is NOT progressing adequately

Student is on-track to complete field hours by the end of the semester \_\_yes \_\_no

Field Instructor’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Task Supervisor Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Field Liaison Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_