

# Site Visit Report

Date: \_\_\_\_\_

Agency Name:

\_\_\_\_\_

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

Brief Review of Field Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the field education experience meet the course objectives of the practicum?

Yes \_\_\_ No \_\_\_

Placement Strengths:

\_\_\_\_\_  
\_\_\_\_\_

Any Concerns/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Resolution or Plan of Action to Address Concerns/Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up Plan:

\_\_\_\_\_  
\_\_\_\_\_

## Signatures:

\_\_\_\_\_  
Field Instructor Date

\_\_\_\_\_  
Field Coordinator Date

\_\_\_\_\_  
Student Date