

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