

**Supervisory  
Meeting Contact Form  
SW4860 [ ] SW4861 [ ]**

Student Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
Field Supervisor: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Field Coordinator: Steven Vigil, L.C.S.W.  
Date: \_\_\_\_\_

| <b>Type of Meeting</b>                                    | 1                        | 2                        | 3                        |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Joint(Faculty/Field Sup/Student) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Field Sup/Student                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Faculty/Student                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Type of Contact**  
 Face-to-Face                       Phone                       Written

**Place of Contact**  
 Agency                       Faculty Office                       Other \_\_\_\_\_                       N/A

**Individuals Involved**  
 Student \_\_\_\_\_  Faculty \_\_\_\_\_  Field Sup \_\_\_\_\_  Other \_\_\_\_\_

**Topics Covered**  
 Course Orientation                       Review of Site Performance                       Review of Seminar Performance  
 Mid-Term Evaluation                       Final Evaluation                       Other – Explain

**Conclusion/Recommendation(s)**

There exists no issues, performance is satisfactory or better and student expectations are being met  
 Recommendations/Things I am working on:

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

Field Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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