

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

Student Name: Phone/Cell: 801
Field Supervisor: Phone/Cell: 801
Agency Name:
Field Coordinator: Steven Vigil, L.C.S.W.
Date:

Type of Meeting	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 _____