

**ALABAMA A&M UNIVERSITY
UNDERGRADUATE SOCIAL WORK PROGRAM**

Faculty Field Liaison Agency Visit Feedback Form

Faculty Field Liaisons: Please complete and return this form to (Coordinator of Field). Please complete a separate form for each student seen during the consultation visit. Your prompt completion and return of this form is appreciated.

Field Agency Name: _____

Student's Name: _____

Field Instructor's Name: _____

Faculty Liaison's Name: _____

Date of Liaison's Visit:

Name of Person(s) seen during the visit:

1. Major educational assets/strengths of the field placement:

2. Significant educational problems, concerns and/or issues encountered during the consultation:
 - a. Will additional follow-up be needed by the Director of Field?
 yes no

Comments:

 - b. Would you like consultation with the appropriate Field Instruction Coordinator concerning these concerns/issues?
 yes not at this time

3. Overall, this student's placement seems to be (check one)
 - a. _____Progressing satisfactory for all concerned
 - b. _____Progressing satisfactory with some problems
 - c. _____Progressing poorly with significant problems