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