APPENDIX F
MONTHLY REPORT FORM FOR FIELD PRACTICUM

Master of Social Work Program
Monthly Report Form for Field Practicum

Student Name:	**Dates Covered:**
Agency Name:	**Field Instructor:**
Agency Department:	**Field Liaison:**

Practicum Hours Worked (Fill out table below. Include supervision hours and time spent in Field Seminar.)

Date	Start Time	End Time	Total Hrs.
		TOTALS:	
		CUMULATIVE TOTAL:	
		HOURS REMAINING:	

Student Signature: Date:

Field Instructor Signature: Date:

1. Please report the number of client systems with whom you have had significant contact this month and *briefly* describe your interactions with them (interview, assessment, consultation, etc.).

   How many of these client systems involve on-going relationships?

2. Have you participated in any group work (facilitated, co-facilitated, and/or observed)? If so, please *briefly* describe these activities.

3. Describe any other significant events that occurred this month (e.g., participated in staff meeting, attended training).

4. Please indicate the days/times of supervision this month:

   Dates and times that weekly supervision occurred:
   Date:_____ Time: _____
   Date:_____ Time: _____
   Date:_____ Time: _____
   Date:_____ Time: _____
   Date:_____ Time: _____

   If you did not receive at least one hour of in-person weekly supervision any week of this month, why not?

5. Are there any concerns and/or issues that you would like to discuss with your liaison?

6. Provide a brief description of the Curriculum Competencies and Practice Behaviors addressed during the month.