

**Boston University School of Social Work
Field Education Department**

Faculty Advising Visit Report

Advisor: _____ Date: _____

Student: _____ Agency: _____

Foundation or Advanced: _____ Block Placement: Yes _____ No _____

Learning contract: Yes _____ No _____ Recordings (quantity & quality) _____

Field Instructor(s): _____

Individual &/or group supervision: _____

Assignments: _____

Other learning opportunities: _____

Focus of learning (primary knowledge and skill areas reviewed in meeting:) _____

Student's strengths: _____

Any learning problems or challenges identified: _____

Goals for next semester (and/or plans to address any problems) _____

Field Education Department contact notified:

Name: _____ Date: _____

E-mail: _____ Phone: _____

Note: _____