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: ______________________________________________________________________

Revised 9/30/02