

## Field Practicum and Seminar I - Weekly Report

Department of Social Work, MSU

Name of Student:

Name of Agency:

Week No.:

Dates:

Goals (Competency & Associated Practice Behaviors):

Planned Activity:

Activity covered (This part includes the student's ability to apply knowledge, values, and skills in a given situation and also the student's learning from experience):

a. Activity:

b. Learning:

Future Plans:

Agency Supervisor's Comments (Please comment on the student's ability to apply knowledge, values, and skills and also areas for improvement):

Student Signature:

Date:

Agency Supervisor Signature:

Date:

Field Liaison Signature:

Date: