

Site Check-In Form

Evaluating Student Progress & Professional Performance

Fall ____

Spring ____

Student Name: _____ Agency: _____

Practicum Instructor: _____ Date: _____

| Progress of Practicum Education Requirements | YES | NO |
|--|--------------------------|--------------------------|
| Has the student missed any days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the student attended and been prepared for their 45 minute/ 1 hour supervision? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the student meeting deadlines as needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any concerns with student progress in regards to CSWE's nine competencies outlined in the <i>Learning Contract</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |

| Professional Performance | | | | |
|--|---------------------------------|---------------------------------|--------------------------|------------------------------------|
| Criteria | Poor: Limited Proficiency | Fair: Developing Proficiency | Good: Proficiency | Excellent: Advanced Proficiency |
| Communication (verbal, written, non-verbal) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Dress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timeliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Task Completion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Establishing and maintaining professional boundaries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining confidentiality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adherence to Code of Ethics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practicing within the scope of a student social worker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Follow-up required? YES ___/___/___ | NO

Practicum Liaison Signature

Date