

**FIELD PRACTICUM INCIDENT REPORT  
PLYMOUTH STATE UNIVERSITY  
SOCIAL WORK DEPARTMENT**

The Student and the Practicum Instructor will complete the incident report as soon as reasonably possible following an event that causes harm to the student. The form must be submitted to the student's Field Liaison and Director of Field Education for review and any follow-up action, as appropriate or required.

Name of Student: \_\_\_\_\_ ID: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Practicum Instructor's Name: \_\_\_\_\_

Agency Staff involved or present: \_\_\_\_\_

Other Agency Staff having knowledge of the circumstances: \_\_\_\_\_

**To be completed by Student:**

Student's description of incident (Please be as detailed as possible.):

Was medical care sought? If so, where and describe injury. Have you been released by the attending physician?

Were you able to debrief the incident with your Agency Practicum Instructor and PSU Field Liaison (or Director of Field Education)?

**To be completed by Practicum Instructor:**

What recommendations, if any, do you have to enhance student safety?

**To be completed by Field Liaison and/or Director of Field Education:**

Summary of follow-up examination of the incident with any recommendations for safety education, training, or change in policy:

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Instructor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Liaison signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Field Education signature

\_\_\_\_\_  
Date