

PLYMOUTH STATE UNIVERSITY
Social Work Department
MONTHLY FIELD EXPERIENCE REPORT

Student: _____

Agency: _____

Period Covered: _____ to _____

Total hours carried from last report: _____

Week Ending	Day/Hours	Day/Hours	Day/Hours	Day/Hours	Day/Hours	Week Total	Total to Date ¹	Day & Time of weekly Supervision ²

Total hours to carry to next report: _____

Please note any major changes in learning objectives and/or assignments:

Student Signature: _____

Date: _____

Field Instructor Signature: _____

Date: _____

NOTE: This form should be completed and given to the Director of Social Work Field Education *monthly* or as requested. **It must be signed** by the Field Instructor. Agency and school holidays may be observed. However, BSW students must complete 450 hours in the field.

¹ Be sure to carry total from previous reporting period.

² Enter day & time of session(s) held this week with field instructor.

PLYMOUTH STATE UNIVERSITY
Social Work Department

Social Work Practicum
Monthly Activities Report

Name: _____

Agency: _____

Month: _____

Field Supervisor: _____

1. Please provide a list of your major activities and what Learning Contract Objectives they relate to during the past month and the approximate number of hours devoted to each. (Activities listed should be based on your Student Learning Contract.)

Activities	Learning Objective #	Approx. # of hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Which of the activities listed above contributed most to your learning? For what reason(s)?

3. What were your major strengths this month? What areas do you think needed improvement?

