

Loma Linda University
MSW Intern
Site Visit / Consultation Form

Student Name _____

Field Faculty Name _____

Site Location: _____ Agency Supervisor: _____

Type of Contact: _____ Phone Date of Contact: _____
 _____ Meeting
 _____ Other

I. Job Responsibilities (include number and type of cases) _____

II. Time Log Reviewed () Yes () No

 Comments: _____

III. Process Recordings () Yes () No
 Comments: _____

IV. Educational Outcomes (identify any problem areas)
 Comments: _____

V. Site Visit Synopsis

