

**UNIVERSITY OF OKLAHOMA SCHOOL OF SOCIAL WORK  
PRACTICUM PROGRAM**

**FACULTY LIAISON INITIAL VISIT FORM**

This form is for Initial Visit ONLY

Student \_\_\_\_\_ Course # \_\_\_\_\_ Date of Visit \_\_\_\_\_

Agency \_\_\_\_\_ Practicum Instructor \_\_\_\_\_

Practicum Preceptor \_\_\_\_\_ Faculty Liaison \_\_\_\_\_  
(If applicable)

Please make your best assessment of these items based on conversations with the student and practicum instructor.  
It is recommended that you meet briefly with each individually and then together for the remainder of the visit.

The agency has provided the following:

- |  |                              |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> An orientation to the agency  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> in process |
| <input type="checkbox"/> An understanding of the agency mission  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> in process |
| <input type="checkbox"/> Information about agency operations   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| <input type="checkbox"/> Introductions to relevant staff   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| <input type="checkbox"/> Appropriate space (particularly desk space and use of phone)                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| <input type="checkbox"/> Information on student expectations and the role of the student within the agency | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| <input type="checkbox"/> Regular weekly supervision of at least one hour per week                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |

Did the student and practicum instructor work together to develop the Teaching-Learning Agreement?  Yes  No

Is the student making appropriate use of supervision?  Yes  No  
If NO, please explain.

Please describe current and planned activities for the student at this site:

Is this site providing a solid learning experience for this student?  Yes  No  
If no, what needs to be changed?

Please use the back of this form for additional comments

\_\_\_\_\_  
Faculty Liaison

\_\_\_\_\_  
Date