

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

SUPERVISORY CONFERENCE REPORT FORM

Please complete this form weekly following the supervisory conference. All forms must be submitted to the Practicum Office for faculty liaison review.

****If practicum instructor has concerns that may result in termination of placement, specific behaviors or work performance MUST be noted on the back of this form and the faculty liaison notified immediately.**

Student: _____ (please circle one): Generalist ACP DP

Date: _____ Time conference began: _____ ended: _____

1. Topics and issues student brought to conference:

2. Other topics and issues discussed:

3. Assignments for next week's conference:

4. Is student making expected progress toward learning objectives? yes no

5. Problems/Concerns: If you have concerns about professional behavior or work performance, please use the space below to identify the specific problems or concerns you have discussed with the student, the recommendations for improvement or remediation that you have made, and the time frame in which the student has to act upon your recommendations:

Student Signature

Date

Practicum Instructor Signature

Date