**TENNESSEE STATE UNIVERSITY**

**BACCALAUREATE SOCIAL WORK PROGRAM**

**Field Instruction Activity Sheet**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Field Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Practicum Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Instructions: In each blank, record the total number of times you engaged in the activity or process as it applies to your field instruction experience.

1. Identification of client systems engaged:

\_\_\_\_Individuals \_\_\_Family □ Community

\_\_\_\_ Small Group \_\_ Organizational

2, Type of contact with client system:

\_\_\_\_\_Phone \_\_\_\_Office Visit \_\_\_\_Home Visit \_\_\_Collateral Visit \_\_\_Collaborative \_\_\_Consultation

\_\_\_Planning \_\_\_Court Appearances \_\_\_Other

3, Level of intervention:

\_\_\_Individual \_\_\_Family \_\_\_ Small Group \_\_\_Community\_\_\_ Organization

4. Purposes: \_\_\_engagement of client system

\_\_\_assessment of client system

\_\_\_planning for change

\_\_\_implementation

\_\_\_resource development

\_\_\_data collection

\_\_\_evaluation

\_\_\_termination with client system

\_\_\_crisis intervention

\_\_\_follow-up

\_\_\_other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Target population: \_\_\_individual \_\_\_family

\_\_\_group (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ community groups

\_\_\_significant other (specify) \_\_\_\_\_\_\_\_\_\_ \_\_\_other professionals

\_\_\_ other social service agencies/organizations

(Field Instruction Activity Summary Continued)

6. Primary Methods of Intervention: \_\_\_direct services \_\_\_indirect services

\_\_\_rehabilitation \_\_\_procuring services \_\_\_monitoring \_\_\_prevention

\_\_\_ other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Narrative:

Date Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_