**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_