**Office of Field Education**

**Weekly Supervision**

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

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

**Field Agency Instructor/Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision Session Missed**: (yes) (no) If yes, please indicate when this session will be made up:

**Method of Supervision**: (circle one): In Person Virtual Phone

**Location of Supervision** (circle one): Agency On-campus Off campus

**Duration of Supervision Session**: \_\_\_\_\_\_\_\_\_

**Weekly Review/Topics Discussed**:

**Educational Learning Plan/ CSWE Competencies Reviewed**:

W**hat strengths and opportunities for improvements were identified**:

**What tasks/assignments did your agency instructor/supervisor recommend for the following week?**

**Student Intern signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Agency Instructor signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_