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|  | ***College of Education***  ***Department of Educational Psychology*** |

## Student Affairs Fieldwork: Faculty Supervisor Contact Form

**To be completed by Faculty Supervisor**

|  |  |
| --- | --- |
| **Intern Name:** | **Semester/Year:** |
| **Academic Program:** | **Phone:** |
| **Site:** |  |

**First Contact**

|  |  |
| --- | --- |
| **Contact Date:** | **Contact Time:** |
| **Who Contacted:** | **How:** Phone  In-Person |
| **Where:** |  |

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| --- |
| **Objectives of the Fieldwork:** |
|  |
| **Expected Activities of the Fieldwork:** |
|  |
| **Expectations or Special Considerations:** |
|  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Second Contact (Mid-point Evaluation)**

|  |  |
| --- | --- |
| **Contact Date:** | **Contact Time:** |
| **Who Contacted:** | **How:** Phone  In-Person |
| **Where:** |  |

|  |
| --- |
| **Summary of Progress Related to Evaluation** |
| Criteria: |
|  |
| **Summary of Areas to Improve:** |
|  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Third Contact (Final Evaluation)**

|  |  |
| --- | --- |
| **Contact Date:** | **Contact Time:** |
| **Who Contacted:** | **How:** Phone  In-Person |
| **Where:** |  |

|  |
| --- |
| **Summary of Progress Related to Mid-point areas to Improve:** |
|  |
| **Summary of Student Strengths:** |
|  |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |