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

## Student Affairs Fieldwork: Faculty Supervisor Contact Form

**To be completed by Faculty Supervisor**

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| --- | --- |
| **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:** |  |

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| --- |
| **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:** |  |

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