

## Student Affairs Fieldwork

## Faculty Supervisor Contact Form

(To be completed by Faculty Supervisor)

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| --- | --- |
| **Student Name:** | **Semester/Year:** |
| **Academic Program:** | **Email:** |
| **Site:** |  |

**FIRST CONTACT**

|  |  |
| --- | --- |
| **Contact Date:** | **Contact Time:** |
| **Location:** | **How:** Zoom  In-Person |
|  |  |
| **Objectives of the Fieldwork:** | |
|  | |
| **Expected Activities of the Fieldwork:** | |
|  | |
| **Expectations or Special Considerations:** | |
|  | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** | |

**SECOND CONTACT**

(Mid-point Evaluation)

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| --- | --- |
| **Contact Date:** | **Contact Time:** |
| **Location:** | **How:** Zoom  In-Person |
| **Contact Date:** | **Contact Time:** |

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

**THIRD CONTACT**

(Final Evaluation)

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| --- | --- |
| **Contact Date:** | **Contact Time:** |
| **Location:** | **How:** Zoom  In-Person |
| **Contact Date:** | **Contact Time:** |

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