

## Student Affairs Fieldwork

## Faculty Supervisor Contact Form

(To be completed by Faculty Supervisor)

|  |  |
| --- | --- |
| **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)

|  |  |
| --- | --- |
| **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)

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

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