

**Weekly Supervision Form**

***Instructions:*** It is the **responsibility** of the **student intern** to complete this supervision form **prior** to meeting with the **field instructor** for weekly supervision. Please use this form to plan learning activities and opportunities for the coming week and to document student progress on identified learning activities as outlined in the learning contract. Student must keep a file of weekly supervision forms for **field liaison** review during the performance evaluation at the end of each semester.

Date: \_\_\_/\_\_\_/\_\_\_ Academic Level (Circle one): **BSW MSW-FND MSW-AG MSW-ADP MSW-PAC**

Student Name: \_\_\_\_\_ Field Instructor Name: \_\_\_\_\_

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

WEEK: (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Number of Hours Completed this Week: \_\_\_\_\_ Accumulated Hours of Internship: \_\_\_\_\_

Weekly Supervision Held (Check one): Yes: \_\_\_\_\_ No: \_\_\_\_\_ Reschedule for: \_\_\_\_\_

**I. Weekly Activities and Opportunities:**

**II. Student Self-Reflection to include questions for Field Instructor:**

**III. Self-Care Strategies Utilized this Week:**

**IV. Learning activities for next week:**

**V. Supervisor's Comments:**

\_\_\_\_\_  
**Field Instructor Signature**

\_\_\_\_\_  
**Student Intern's Signature**