Faculty Advisor Recommendation  
For Second year Field Placement

Student Name______________________________________________  Faculty Advisor____________________
   (last)                                     (first)

Date of meeting ____________

Student’s Concentration Method:
Clinical practice with individuals & families ______
Clinical practice with groups ______
Community social work ______

Student’s first year placement agency

Brief description of student’ first year assignment

Strengths/weaknesses of first year placement

Student’s learning needs for second year field placement

Types of assignments recommended for second year field placement
Settings and types of agencies recommended for second year field

Names of agencies that are possibilities for student placement (This does not mean student will be assigned to agency.)

Special considerations in placing student (geography, family, time, etc.)

Student Signature ______________________________
Date _________________________

Faculty Advisor Signature ________________________
Date _________________________