School of Social Work
Specialist Practicum Checklist


Student $\square$
Practicum Instructor $\square$
UI Practicum Liaison $\square$
Agency


Site Supervisor

A. $\square$ Review/Discuss:

- Option to meet privately, if desired
- Supervision occurs weekly: $\square$
$\square$ No (if no please explain)
- Learning plan:
o Student can relate learning activities to competency indicators: $\square$ Yes $\square$ No
o Student has shown acceptable professional growth: $\square$ Yes $\square$ No
B. $\square$ Advancement consideration?
- Based on performance to date, would you recommend that the

- If no, explain:
C. $\square^{\text {Documentation }}$
- Review learning plan evaluation procedures (Practicum Instructors/Site Supervisors)
o Explain competency rating scale (1-5)
o Score competencies
o Write brief narrative
o Electronic signature
o Due date $\qquad$
- Review student completion of learning plan
o Mark unmet/in progress/met
o Write narrative
o Enter total hours completed
o Electronic signature
o Due date
- Practicum Hours
o Total hours completed to date:
o Expected completion date:

D. $\square$ Next agency visit (if applicable): Date: $\square$ Time: $\qquad$
Signatures:

|  |
| :--- |
| Student |
|  |
| Practicum Instructor |
|  |
| UI Practicum Liaison |



