



Department of Social Work
Student Performance Contract – Field Internship Resolution

Student: [Click here to enter text.](#)

Field Instructor: [Click here to enter text.](#)

Agency: [Click here to enter text.](#)

Field/Title IV-E Coordinator/Faculty Liaison: [Click here to enter text.](#)

Semester: [Click here to enter text.](#)

Performance Contract Initiated: [Click here to enter a date.](#)

Deadline in which contract is to be completed: [Click here to enter a date.](#)

Social Work Student Signature

Date

Field Instructor Signature

Date

Social Work Field Coordinator/Title IV-E Coordinator Signature

Date

Contract Performance Reviewed: [Click here to enter a date.](#)

Contract Successfully Completed: [Click here to enter a date.](#)

Contract Extended To: [Click here to enter a date.](#)

Contract has not been met – referred to Field Review Committee: [Click here to enter a date.](#)

Social Work Student Signature

Date

Social Work Field Instructor Signature

Date

PERFORMANCE CONTRACT (CONTINUED)

Student: Click here to enter text. **To be completed by:** Click here to enter a date.

Student Strengths: Click here to enter text.

Specific Areas Needing Improvement: Click here to enter text.

Expected Level of Performance: Click here to enter text.

Learning Activities Assigned to Improve Performance: Click here to enter text.

Method(s) of Evaluation:

Field Instructor: _____ Date: _____

Task Supervisor: _____ Date: _____

Student: _____ Date: _____

Field/Title IV-E Coord./Faculty Liaison: _____ Date: _____