Office of Field Education

** Interruption of Field Placement by Field Instructor **

<table>
<thead>
<tr>
<th>Year</th>
<th>Semester</th>
<th>☐ Spring</th>
<th>☐ Summer</th>
<th>☐ Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification</td>
<td>☐ BSW</td>
<td>☐ Foundation MSW</td>
<td>☐ Advanced MSW</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Instructor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Liaison</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** I-Reason(s) for Interruption of Practicum (please check all that apply):**

☐ Failure of the student to demonstrate social work values in ways judged to be in accordance with the NASW and/or the State of Texas codes of ethics

☐ Failure of the student to abide by agency and/or accrediting body policies, procedures, rules or regulations

☐ Lack of satisfactory progress toward completion of the educational objectives of the learning contract

☐ Repeated, unexcused tardiness and/or absences of the student

☐ Lack of student's progress in correction of identified deficiencies

☐ Inability of the student to demonstrate the interpersonal skills necessary for effective social work practice with clients and diverse populations

☐ Inability of the student to establish and maintain functional and collegial relationships with field instructors, fellow interns, and other agency personnel

☐ Academic dishonesty

☐ Other (please specify): …………………………………………………………………………………..

☐ Changes in the agency (e.g., departure of qualified Field Instructor). Please describe below:
………………………………………………………………………………………………………………..
………………………………………………………………………………………………………………..

** IMPORTANT NOTE: ** Attach ALL related documentation (e.g. Supervision Logs and Corrective Action Contracts) and any additional comments

Field Instructor Signature ___________________________ Date __________

Student Signature ___________________________ Date __________

Field Liaison Signature ___________________________ Date __________
2-Action(s)
☐ Student referred to the Office for Student Success
☐ Other (please specify): …………………………………………………………………………
………………………………………………………………………………………………………

______________________________              _________________________
Director of Advising & Field Education              Date