



Department of Social Work  
Student Performance Contract – Field Internship Resolution

**Student:**

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**Field Instructor:**

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**Agency:**

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**Field/Title IV-E Coordinator/Faculty Liaison:**

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**Semester:**

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**Performance Contract Initiated:**

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**Deadline in which contract is to be completed:**

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\_\_\_\_\_  
Social Work Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Work Field Coordinator/Title IV-E Coordinator Signature

Contract Performance Reviewed: \_\_\_\_\_

Contract Successfully Completed: \_\_\_\_\_

Contract Extended To: \_\_\_\_\_

Contract has not been met – referred to Field Review Committee: \_\_\_\_\_

\_\_\_\_\_  
Social Work Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Work Field Instructor Signature

\_\_\_\_\_  
Date

**PERFORMANCE CONTRACT (CONTINUED)**

**Student:**

**To be completed by:**

**Student Strengths:**

**Specific Areas Needing Improvement:**

**Expected Level of Performance:**

**Learning Activities Assigned to Improve Performance:**

**Learning Activities Assigned to Improve Performance:**

**Method(s) of Evaluation:**

Field Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Task Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

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