FIELD PRACTICUM INCIDENT REPORT

Name of Student: ____________________________________________________________

Date of Incident: __________________________ Time of Incident: __________

Agency/Organization: ______________________________________________________

Field Instructor: __________________________________________________________

Site Supervisor’s Name (if applicable): ______________________________________

Other Agency Staff involved in the incident: _________________________________

__________________________________________________________

Field Liaison: ___________________________ Contacted? YES or NO Date: __________

Where did the incident occur? _____________________________________________

What happened? (Use additional sheets if necessary) __________________________

__________________________________________________________

__________________________________________________________

Was medical care sought or required? If yes, please explain.__________________

__________________________________________________________
Did a debriefing meeting occur with the student, the Field Instructor, & site supervisor? 

Is a further plan of action necessary? If yes, please describe your plans to address these needs or concerns.

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Student Signature __________________________

Date __________________________

Field Instructor Signature __________________________

Date __________________________

On-site Supervisor Signature __________________________

Date __________________________

Please send this to the School of Social Work
- Fax: (316) 978-3328
- Email: sabrina.perezglatt@wichita.edu