

California State University, Chico
School of Social Work
Performance Contract – Field Practicum Work

Student: _____ **Field Liaison:** _____

Agency Field Instructor: _____

Agency: _____

Performance Contract Initiated (Date): _____

Timeframe in which contract is to be completed: _____ - _____
From To

Student Strengths:

Specific Areas Needing Improvement:

Expected Level of Performance:

Learning Activities Assigned to Improve Performance:

Method(s) of Evaluation:

Student Signature

Date

Agency Field Instructor Signature

Date

Field Liaison

Date

Contract Performance Reviewed: _____
Date

Contract successfully completed: _____
Date

Contracted extended to: _____
Date

Contract not met referred to Field Review Committee: _____
Date

Student Signature

Date

Field Instructor Signature

Date