



WICHITA STATE UNIVERSITY

FAIRMOUNT COLLEGE OF LIBERAL ARTS AND SCIENCES

School of Social Work

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.

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