The University of Hong Kong

Department of Social Work & Social Administration

Social Work Fieldwork Placement

**Student's Review of the Placement Experience Report**

This report should be completed and submitted to the

fieldwork supervisor before the final evaluation session

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of student: | | | (UID: ) | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Program of Study: | | | | ( MSW Full Time / MSW Part Time / BSW Full Time )\* | | | | | | | |
|  |  | | | | | | | | | | | |
| Name of fieldwork supervisor: | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | |
| Agency: | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Duration of placement: | | | | | |  | | | | | (Field placement I / II)\* | |
|  |  | | | | | | | | | | | | |
| No. of days absent: | | | | | (If yes, state reasons) | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| No. of hours spent on individual supervision: | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | |
| No. of hours spent on group supervision: | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | |
| Total no. of supervision hours: | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | |

\*Delete as necessary

1. **Brief description of Work Done**

**Case Work Practice (If no, please put N/A)**

*Case 1*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age / sex of client: | |  | | | | |
| Source and reason of referral: | |  | | | | |
| **Summary of contacts** | | | | | | |
|  | | ***Activity Count*** | |  | | ***Activity Count*** |
| Individual interviews | |  | | Telephone contacts | |  |
| Conjoint interviews | |  | | Meetings / Case conferences | |  |
| Informal contacts | |  | | Collateral contacts with related workers: (e.g. referral worker) | |  |
| Home visits | |  | | Discussion with colleagues | |  |
| Accompanying clients / escort service | |  | |  | |  |
| Other activities, please specify: | |  | | | | |
| Conceptual interventional model(s): | |  | | | | |
| **Brief description of case development, student’s efforts in facilitating client’s change and achievements** | | | | | | |
|  | | | | | | |
| **No. of assignment submitted** | | | | | | |
| Intake Summary | Session recording | | Process recording | | Closing / Transfer summary | |
|  |  | |  | |  | |

*Case 2*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age / sex of client: | |  | | | | |
| Source and reason of referral: | |  | | | | |
| **Summary of contacts** | | | | | | |
|  | | ***Activity Count*** | |  | | ***Activity Count*** |
| Individual interviews | |  | | Telephone contacts | |  |
| Conjoint interviews | |  | | Meetings / Case conferences | |  |
| Informal contacts | |  | | Collateral contacts with related workers: (e.g. referral worker) | |  |
| Home visits | |  | | Discussion with colleagues | |  |
| Accompanying clients / escort service | |  | |  | |  |
| Other activities, please specify: | |  | | | | |
| Conceptual interventional model(s): | |  | | | | |
| **Brief description of case development, student’s efforts in facilitating client’s change and achievements** | | | | | | |
|  | | | | | | |
| **No. of assignment submitted** | | | | | | |
| Intake Summary | Session recording | | Process recording | | Closing / Transfer summary | |
|  |  | |  | |  | |

*Case 3*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age / sex of client: | |  | | | | |
| Source and reason of referral: | |  | | | | |
| **Summary of contacts** | | | | | | |
|  | | ***Activity Count*** | |  | | ***Activity Count*** |
| Individual interviews | |  | | Telephone contacts | |  |
| Conjoint interviews | |  | | Meetings / Case conferences | |  |
| Informal contacts | |  | | Collateral contacts with related workers: (e.g. referral worker) | |  |
| Home visits | |  | | Discussion with colleagues | |  |
| Accompanying clients / escort service | |  | |  | |  |
| Other activities, please specify: | |  | | | | |
| Conceptual interventional model(s): | |  | | | | |
| **Brief description of case development, student’s efforts in facilitating client’s change and achievements** | | | | | | |
|  | | | | | | |
| **No. of assignment submitted** | | | | | | |
| Intake Summary | Session recording | | Process recording | | Closing / Transfer summary | |
|  |  | |  | |  | |

**Group Work Practice (If no, please put N/A)**

*Group 1*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of group: | |  | | | | |
| Nature and target: | |  | | | | |
| Group size: | |  | | No. of group session: | |  |
| Average attendance rate (%): | |  | | Contact/activities before and after the group sessions: | |  |
| Other activities  (please specify): | |  | | | | |
| Conceptual / interventional model(s): | |  | | | | |
| **Brief description of group development and attainment of group objective(s) with elaboration** | | | | | | |
|  | | | | | | |
| **No. of assignment submitted** | | | | | | |
| Group proposal | Session plan | | Session recording | | Final evaluation report | |
|  |  | |  | |  | |

*Group 2*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of group: | |  | | | | |
| Nature and target: | |  | | | | |
| Group size: | |  | | No. of group session: | |  |
| Average attendance rate (%): | |  | | Contact/activities before and after the group sessions: | |  |
| Other activities  (please specify): | |  | | | | |
| Conceptual / interventional model(s): | |  | | | | |
| **Brief description of group development and attainment of group objective(s) with elaboration** | | | | | | |
|  | | | | | | |
| **No. of assignment submitted** | | | | | | |
| Group proposal | Session plan | | Session recording | | Final evaluation report | |
|  |  | |  | |  | |

**Program/Project Work** **(If no, please put N/A)**

*Program/Project 1*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of program/project: | |  | | | |
| Nature (e.g. Outing, visit) and  target: | |  | | | |
| No. of sessions: | |  | No. of enrollment: | |  |
| Session attendance: | |  |
| Other activities  (please specify): | |  | | | |
| Conceptual / interventional model(s): | |  | | | |
| **Brief description of program/project session(s) and attainment of program/project objective(s) with elaboration** | | | | | |
|  | | | | | |
| **No. of assignment submitted** | | | | | |
| Project / program proposal | On-going process record / session / sub-project plan | | | Evaluation report | |
|  |  | | |  | |

**Community Work Practice (If no, please put N/A)**

*Community work project (1)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of community work project: | | | | |  | | | | | | | |
| Conceptual / interventional model(s): | | | | |  | | | | | | | |
| **Stage 1** | | | | | | | | | | | | |
| Engagement activity (e.g. Street booth, community visit, workshop, etc.) and target | | | | |  | | | | | | | |
| No. of sessions: | |  | | | | No. of participants: | | | |  | | |
| **Stage 2** | | | | | | | | | | | | |
| Action group and target | | | | |  | | | | | | | |
| Group size: |  | | No. of session: | | |  | Average attendance rate (%) | | | | |  |
| Contact/activities before and after the group sessions: | | | | | |  | | | | | | |
| **Stage 3** | | | | | | | | | | | | |
| Action (e.g., community exhibition, press conference, meeting with stakeholders, etc.) | | | | |  | | | | | | | |
| Other activities  (please specify): | | | | |  | | | | No. of sessions: | |  | |
| No. of participants: | |  | |
| **Brief description of community work project and attainment of objective(s) with elaboration** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **No. of assignment submitted** | | | | | | | | | | | | |
| Community work project proposal | | | | On-going process record / session / sub-project plan | | | | Evaluation report | | | | |
|  | | | |  | | | |  | | | | |

**Other Learning Experiences**

|  |  |
| --- | --- |
| **Name of activities**  **(No. of sessions joined)** | **Roles/duties** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**2. My expectations of the placement, my learning objectives and the extent to which they have been met:**

**3. Self-assessment of performance: (please refer to the detailed assessment criterion in A10a)**

3.1 Section one: Professional requirements:

***Please note: a passed grade for Student Fieldwork Placement will only be awarded if the student obtains a pass or above in Section One (Professional Requirements). A failed grade in Section One will lead to a failed grade in this Student Fieldwork Placement regardless of student’s performances in other assessment areas.***

3.2 Section two: Organizational requirements:

3.3 Section three: Practice competency:

3.4 Section four: Written assignment and use of supervision:

**4. Overall comments on my area of strengths and weakness in social work practice:**

**5. My suggestions for further professional development:**

**6. Other comments:**

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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