UNIVERSITY OF MISSOURI – ST. LOUIS
SOCIAL WORK PROGRAM
MID-SEMESTER PRACTICUM PROGRESS REPORT

Student Name: __________________________________ Student #: ____________________

Agency: _____________________________________________________________________

Supervisor's Name: ____________________________________________________________

Dates Report Covers: ___________________________________________________________

1. How many times have you and the student met for supervision?

2. Please describe the student's progress to date including BOTH areas of strength and areas that need growth or areas the student should concentrate on before the end of the semester. Use the back of this form if necessary.

Strengths:

Areas to work on:

Supervisor’s Signature/Date

Student’s Signature/Date

Email form to: Shanta Kyles
kyless@umsl.edu
University of Missouri – St. Louis
School of Social Work
121 Bellerive Hall
One University Blvd.
St. Louis, MO 63121-4499
Office Phone: (314) 516-6385
Fax Number: (314) 516-6416