

## FIELD PLACEMENT TERMINATION PETITION FORM

**Purpose:** This form is for students terminating their current field placement. This information is used to officially close out the placement and where appropriate, provide evaluation data for the hours completed at the fieldwork site.

**Instructions for completing this form:** The hours worked at the site determine which section of this form to complete. Use the table below to guide you in the completion and submission of your placement termination documentation. Please note, signatures and dates are required where indicated in order to be processed. Your Field Faculty is available to provide assistance with this form.

Hours Worked at Fieldwork Site	Complete This Section	Submit To Office of Field Instruction
<ul style="list-style-type: none"> <li>Up to <b>57 hours</b> and you have <b>NOT</b> submitted an Educational Agreement</li> </ul>	Section 1	<ul style="list-style-type: none"> <li>This form</li> <li>Professional Decision Making Tool</li> </ul>
<ul style="list-style-type: none"> <li>58-114 hours</li> </ul>	Section 1 and Section 2	<ul style="list-style-type: none"> <li>This form</li> <li>Professional Decision Making Tool</li> </ul>
<ul style="list-style-type: none"> <li>Greater than 114 hours</li> </ul>	Section 1	<ul style="list-style-type: none"> <li>This form</li> <li>Educational Agreement with Evaluation ratings</li> <li>Field Instructor Narrative</li> <li>Key Learning Experience/Project Summary</li> <li>Professional Decision Making Tool</li> </ul>

### SECTION I (to be completed by the Student)

Student Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Practice Area:      C/Y      AGING      ☐ HEALTH      ☐ MH      ☐ CSS

Practice Method:      IP      MHS      ☐ CO      ☐ SP/E

Curriculum Track:      16-month      20-month      ☐ Advanced Standing      ☐ Out of Sequence      ☐

Current Term:      Fall      Winter      ☐ Spring/Summer

Term in School:      1<sup>st</sup>      2<sup>nd</sup>      ☐ 3<sup>rd</sup>      ☐ 4<sup>th</sup>      ☐ 5<sup>th</sup>

**Fieldwork Site Name:** \_\_\_\_\_

Reason for leaving field placement:

☐ changed curriculum schedule/method     
 ☐ workload issues     
 ☐ terminated     
 ☐ withdrawing from SSW  
☐ agency/program change     
 ☐ student goals evolved     
 ☐ other (please specify): \_\_\_\_\_

Provide a brief explanation that supports your reason: \_\_\_\_\_

Date you discussed your reason/s for wanting to leave this field placement with your Field Instructor? \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you discussed your reason/s for wanting to leave this field placement with your Field Faculty? \_\_\_\_/\_\_\_\_/\_\_\_\_

Provide a brief explanation of the results of these discussions: \_\_\_\_\_

Hours completed this term: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II EVALUATING THE STUDENT'S PERFORMANCE (to be completed by the Field Instructor)

Name of Field Instructor: (Print) \_\_\_\_\_ Date Form Received: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate a rating below and provide a written summary that supports the evaluation rating:

Did not meet expectations      ☐ Minimally met expectations      ☐ Met expectations

Exceeded expectations      ☐ No opportunity to undertake assignments

Evaluation Comments (You may also attach a typed narrative): \_\_\_\_\_

Information regarding the terminated field placement will be shared with the potential new field instructor/fieldwork site to assist in the development of the new Educational Agreement. Students whose placement was disrupted may need to complete a Learning Plan which will be developed by the student and their assigned Field Faculty Liaison.

The signatures of the student and Field Instructor verify that they have reviewed the Petition to Terminate form and that the numbers of field hours listed on this petition are correct.

### ADDITIONAL FIELD INSTRUCTOR RESPONSE TO TERMINATION PETITION:

Comments \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

Field Instructor's Signature:  
(Signature verifies hours completed)

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

**SECTION III (to be completed by the Field Faculty)**

**FIELD FACULTY RESPONSE TO TERMINATION PETITION:**

Name of Field Faculty: (Print) \_\_\_\_\_

Date Form Received: \_\_\_\_\_ Email address: \_\_\_\_\_

The student is required to make-up/complete \_\_\_\_\_ remaining hours in their next field placement to receive a field grade for the term of this petition.

Comments/Recommendations:

---

---

---

Field Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Field Faculty Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**DATE FOR:** \_\_\_\_\_ FMP Update in Comments Section  
\_\_\_\_\_ Enter any necessary comments into Online Ed Agreement  
\_\_\_\_\_ Alert sent to Office Manager (OM) requesting new term record  
\_\_\_\_\_ Alert send to OM to lock Online Ed Agreement  
\_\_\_\_\_ "R" row requested from OM (if completing hours in different term)  
\_\_\_\_\_ New placement & start date entered  
\_\_\_\_\_ Old placement stop date entered

Director, Office of Field Instruction: \_\_\_\_\_ Date Received: \_\_\_\_\_

DATE Letter sent to agency: \_\_\_\_\_

COPIES TO: ☐ Advisor  
☐ Student Mail Box

**SUBMIT COMPLETED PETITION TO THE OFFICE OF FIELD INSTRUCTION. SIGNATURES ARE REQUIRED!**