

FIELD PRACTICUM INCIDENT REPORT
SEATTLE UNIVERSITY
Social Work Program

The Student and the Practicum Instructor will complete the incident report as soon as reasonably possible following an event that causes harm to the student. The form must be submitted to the student's Field Liaison and Practicum Director for review and any follow up action, as appropriate or required.

Name of student: _____ ID# _____

Date of incident: _____ Time of incident: _____

Practicum Instructor's name: _____

Agency staff involved or present: _____

Other Agency staff having knowledge of the circumstances: _____

Place of occurrence of incident: _____

Student's description of incident: (Please be as detailed as possible):

Was medical care sought? If so where and describe injury. Have you been released by the attending physician?

Were you able to debrief incident with your Practicum Instructor and Field Liaison?

To be completed by Practicum Instructor

What recommendations, if any, do you have to enhance student safety?

To be completed by Field Liaison and/or Field Director

Summary of follow up examination of the incident with any recommendations for safety education, training or change in policy.

Student signature

date

Practicum Instructor's signature

date

Field Liaison signature

date

Field Director signature

date