

**BRIDGEWATER STATE UNIVERSITY
SCHOOL OF SOCIAL WORK**

2019-2020 Supervision Verification Form: BSW & MSW

(Please circle) **BSW** **MSW** **Fall** **Spring** **Year:** _____

(A minimum of one hour per week of 1-1 supervision is required)

Student/Intern Name: _____

Agency Name: _____

Field Supervisor: _____

Faculty Liaison: _____

DATE OF SUPERVISION	TIME (Example: 9-10 AM)	HOURS (Example: 1 hr.)	STUDENT'S SIGNATURE	FIELD SUPERVISOR'S SIGNATURE

Date of Submission: _____

Faculty Liaison Signature: _____ Date: _____