**MIDTERM GRADE FORM**

SOWK Course: [ ]  6600/6610 [ ]  6700/6710 [ ]  7611 [ ]  7612

Please submit this form or mail to the Faculty Liaison at the following address:

**Department of Social Work**

**1500 N. Patterson St.**

**Valdosta State University**

**Valdosta, GA 31698**

**FIELD INSTRUCTOR**

Name of Student:

Name of Field Instructor:

**Student's strengths:**

**Specific behaviors that need development:**

**Specific Recommendations:**

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Field Instructor Date Student Date

**FACULTY LIAISON**

**Additional Comments:**

**CAP Initiated** [ ]  Yes [ ]  No

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Faculty Liaison Date