

**FAYETTEVILLE STATE UNIVERSITY**  
**Department of Social Work**  
**Office of Field Education**

**Master of Social Work Student Monthly Statistical Report**

Student:	Agency:
Month:	Address:
Faculty Liaison:	Agency Supervisor:

**Monthly Caseload**

CLIENTS	# Cases	# Intakes	#Sessions	# Cancellations	Male/Female
Adults (20+)					
Adolescents (13-19)					
Children (0-12)					
Family					
Group					
Community					
<b>Total</b>					

Agency supervisory hours for the month: _____ Number of presentations you performed: _____ Race and ethnicity of clients (indicate number for each): African Americans    _____      Hispanic                    _____
Caucasian                _____      Other                         _____
Asian Americans        _____      Native American        _____

MEETINGS ATTENDED	#HOURS
Staff	
Community	
Administrative	
Rounds	
Case conferences	
Other:	
Other:	
Other:	