Top of Form

 

**University of Maryland, Baltimore County
Baccalaureate Social Work Program

Process Recording Form**

|  |  |
| --- | --- |
| **Date:** |  |
| **Student's Name:** |  |
| **Client's Name:** |  |
| **(do not use client’s real name – use initials or a pseudonym)**  |  |
| Number of times you have seen this client:  |

Bottom of Form

**1. Identifying information:**     Please make sure to include: age, gender, sexual orientation, ethnicity, current living situation, education, family background and status, employment history, socioeconomic status, and current situation. Do not include any issues or concerns (4-5 sentences).

**2. Presenting problem(s):**     Why is the client coming to the agency? What are the issues/challenges? What services, needs are being requested and/or provided? (4-5 sentences).

**3. Purpose of the interview:**      Provide at least 2 sentences regarding the reason for the client meeting.

*Note: students- type* ***w****orker (you) and* ***c****lient content in spaces provided. Click the icons to open text editing windows.* **You must complete fifty percent (50%) or more of all columns below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Interview Content** | **Behaviors/Skills Used** | **Student’s Feelings/Reactions** |  **Student’s Analysis** | **Field Instructor’s Comments** |
| w |     https://www.alceasoftware.com/web/image/icon_edit.gif |     https://www.alceasoftware.com/web/image/icon_edit.gif |     https://www.alceasoftware.com/web/image/icon_edit.gif |     https://www.alceasoftware.com/web/image/icon_edit.gif |     https://www.alceasoftware.com/web/image/icon_edit.gif |
| c |     https://www.alceasoftware.com/web/image/icon_edit.gif |
| https://www.alceasoftware.com/web/image/plus.jpg*Click to add content rows* |

**Plan for next interview with client:**

 

**What part did client play (if any) in planning the next session?**
    

**Student’s overall reflection of the process recording (please address the strengths and weaknesses of the interview):**
    

**Field instructor overall feedback on interview:**
    

Student Signature:

Field Instructor Signature:
Faculty Field Liaison Signature: Note: You must click on the SAVE button to save any information entered or changed on this page before closing or printing the page, or your information will be lost.

Top of Form

[Printable Version](https://www.alceasoftware.com/web/form.php?file=umbc_process_record_v2.html) Bottom of Form

*IPT Document Management System Jan 13, 2015* *Form Id: -*