

Appendix III

Concurrent fieldwork attendance

Name of the Student: Rachel D'Souza

Enrollment No: 202201286

Semester: Semester III

Name of Agency: Chaitanya Institute of Mental Health

Date (2023)	Time (In - Out)	Activities Conducted	Total number of hours	Signature of Student	Signature of the agency supervisor	Signature of the faculty supervisor
13/07	9:49-4:10	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
19/07	9:45-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
20/07	9:40-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
26/07	10:01-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
27/07	10:00-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
01/08	9:45-3:50	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
03/08	9:50-3:50	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
09/08	12:10-4:00	Interaction	4	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
10/08	10:00-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
16/08	10:00-4:00	Interaction, group therapy, recreation	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
17/08	10:00-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
23/08	10:00-4:00	Interaction	6	<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
24/08		MEDICAL LEAVE		<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>
30/08		MEDICAL LEAVE		<i>Rachel D'Souza</i>	<i>[Signature]</i>	<i>[Signature]</i>

Total number of Fieldwork days attended (per semester): 18 days

Total number of fieldwork days absent (per semester): 3 days (Medical leave)

Signature of student: *[Signature]*

Signature of faculty supervisor: *[Signature]*

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Semester: Semester III

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[illegible]



Manohar Parrikar School of Law, Governance and Public Policy
Master of Social Work
Concurrent Fieldwork Evaluation

Name of the Trainee Social Worker	Rachel D'Souza
Semester	III
Specialization	Medical and Psychiatric Social Work (M)
Name and Address of the Agency	CHAITANYA INSTITUTE FOR MENTAL HEALTH VAISHABHAVAN-5, THIVIM, MADGAON GOA - 403502
Name of the Agency Supervisor with Contact Details	Dalija Jose m 9923649504

Feedback for the student:

She was good at practicing social work skills. During her training period, she got opportunity to work with individuals and families of mentally ill patients. She has taken initiation to bring different activities for the residents, especially counselling.

Attendance Certificate

I hereby certify that Ms. / ~~Mr.~~ Rachel D'souza has fulfilled
requirement of 30 days Block Placement From 13/07/23 to
23/09/23 Overall Grading of the Student's Performance:
Excellent
(Needs Improvement/ Satisfactory/Good/Excellent)

DI
28/9/23

(Agency Supervisor Signature with Date & Seal)

