



School of
Social Work
Field Education Program

Agency Information

Agency Name: _____

Agency Contact: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Agency Contact Email: _____

Agency Contact Phone: _____

Agency Website: _____

MSW Field Instructor

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

General Placement Information

Does the agency include personal safety training in orientation? Yes No

If yes, please specify:

Does the agency require Immunizations or other medical tests? Yes No

If yes, please specify:

Does the agency require drug testing?	Yes	No	
If yes, does the agency cover the cost?	Yes	No	N/A
Does the agency require a background check?	Yes	No	
If yes, does the agency cover the cost?	Yes	No	N/A

General description of the agency (agency structure, mission, role of social work in agency, size, funding, clients served, locations, etc):

Does this agency provide students with the opportunity to demonstrate social work competencies through in-person contact with client systems and constituencies? Yes No

Comments:

Administrative Support

Does the agency have administrative support for having students: Yes No
Physical Space for students: Yes No
In-service training opportunities available for students: Yes No
Orientation: Yes No

Hours of Operation: Sun: _____
 Mon: _____
 Tue: _____
 Wed: _____
 Thu: _____
 Fri: _____
 Sat: _____

If alternative hours are available, describe learning opportunities for students, supervision, and timeframes:

Does the agency have a diverse staff: Yes No
Does the agency serve a diverse array of clients? Yes No
Is the agency sensitive to multicultural practice? Yes No

Comments:

Evaluator, please use the following tables to evaluate the appropriateness of agency for each internship level. Please make comments in the section as needed. Also refer to the competency supported activities on the learning contracts to assist you in the evaluation.

Competency	BSW/MSW 1 st Year	MSW 2 nd year (AS) CAF	MSW 2 nd year (AS) AF
<i>Demonstrate Ethical and Professional Behavior</i>			
<i>Engage in diversity and difference in practice</i>			
<i>Advance Human Rights and Social, Economic and Environmental Justice</i>			
<i>Engage in Practice-informed Research and Research-informed Practice</i>			
<i>Engage in Policy Practice</i>			
<i>Engage with Individuals, Families, Groups, Organizations, and Communities</i>			
<i>Assess Individuals, Families, Groups, Organizations, and Communities</i>			
<i>Intervene with Individuals, Families, Groups, Organizations, and Communities</i>			
<i>Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities</i>			

Possible Opportunities in Agency	BSW/MSW 1st Year	MSW 2nd year (AS) CAF	MSW 2nd year (AS) AF
Case Management			
<i>Multidisciplinary Opportunities</i>			
<i>Interprofessional Opportunities</i>			
<i>Needs Assessment</i>			
<i>Intake/Assessment</i>			
<i>Diagnostic Impression</i>			
<i>Psychosocial Evaluation</i>			
<i>Treatment Intervention</i>			
<i>Client advocacy</i>			
<i>Resource Linkage and Brokering</i>			
<i>Individual Counseling</i>			
<i>Group Counseling</i>			
<i>Family Work</i>			
<i>Leadership</i>			
<i>Program Development</i>			
<i>Staff Development</i>			
<i>Community Organization</i>			
<i>Grant Writing</i>			
<i>Research</i>			
<i>Policy Analysis and Advocacy</i>			
<i>Other</i>			

Evaluator Recommendation

Title of Agency: _____

Acceptable for Placement

Not acceptable for Placement

Overall Comments / Concerns:

Field Program Representative Signature: _____

Field Program Representative Title: _____

Date: _____