



*School of*  
**Social Work**  
**Practicum 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 <sup>st</sup> Year	MSW 2 <sup>nd</sup> year (AS) CAF	MSW 2 <sup>nd</sup> 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>			

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

# Evaluator Recommendation

Title of Agency: \_\_\_\_\_

Acceptable for Placement

Not acceptable for Placement

Overall Comments / Concerns:

Field Program Representative Signature: \_\_\_\_\_

Field Program Representative Title: \_\_\_\_\_

Date: \_\_\_\_\_