



Social Work Field Placement Agency Information Form

Agency Information

Agency Name: _____

Mailing Address: _____
Street Address Department/Floor/Suite

_____ City State ZIP Code

Is the physical address different from the mailing address? ___ YES ___ NO

If so, please provide: _____
Street Address Department/Floor/Suite

_____ City State ZIP Code

Phone: _____ Fax: _____ Website: _____

Standard Setting or Licensing Body for Agency, if applicable: _____
Does the agency have current approval/license from this body? ___ YES ___ NO

Hours of Operation:
Monday _____ Thursday _____ Saturday _____
Tuesday _____ Friday _____ Sunday _____
Wednesday _____

Agency Personnel

Agency Administrator: _____

Title: _____ Phone: _____ Email: _____

Agency Contact Person for Field Placements: _____

Title: _____ Phone: _____ Email: _____

Does the agency employ staff with Bachelors-level social work degrees (BSW, BASW)? ___ YES ___ NO

Does the agency employ staff with Masters-level social work degrees (MSW)? ___ YES ___ NO

Student Information

Please indicate which students you would be willing to host (check all that apply):

- BSW students (1 semester; 450 hours total)
 MSW students (2 semesters; 400 or 500 hours total)

Please indicate any requirements for placement at your agency (check all that apply):

- Child Abuse History Clearance Criminal Record Check FBI Background Check
 Medical Clearance Tuberculosis Test Drug Test
 Other (please specify): _____

- Is a car a necessity? YES NO
Is there mileage reimbursement? YES NO

Does your agency offer or require evening and/or weekend hours for student placements? YES NO
If so, please explain:

Agency Description

How would you describe the type of agency (check all that apply)

- Addictions
 Aging/Geriatric Services Education/School Occupational/Industrial
 Chemical Dependency Health Care Physical Disabilities
 Child Welfare Housing Public Welfare
 Community Health Mental Health/Behavioral Health Victim Services
 Correctional/Criminal Justice Occupational/Industrial Youth Services
 Other (please specify): _____

Where are your agency's services provided? (check all that apply)

- Agency-Based Inpatient
 Community-Based Outpatient
 Day Treatment Residential
 Home-Based
 Other (Please specify): _____

What types of services does your agency provide? (check all that apply)

- Individual Clinical Diagnosis Home Visiting
 Family Clinical Therapy Information and Referral
 Group Committee Participation Interdisciplinary Collaboration
 Advocacy Community Organization Program Development
 Biopsychosocial Assessment Court Liaison Research
 Case Advocacy Crisis Intervention Social Action
 Case Management Education Treatment Planning
 Cause Grant Writing Work with Coalitions
 Other (please specify): _____

Agency Population Served

Please describe the client/consumer population(s) served by the agency (age, gender, socioeconomic status, race, religion, ethnicity, sexual orientation, language, culture, etc):

Additional Information Related to Field Placement

Student Roles and Expectations

Describe in detail the professional roles and practice activities that you propose to provide and expect from the student. Please indicate any differences for BSW and MSW students. (You may attached a “job description” if you have one available.)

Resources

Describe your intent and ability to provide resources for the student (office space, telephone, computer, agency orientation, email account, supplies, practice space, access to agency database, etc.):

Liability

Describe any liability issues which are of concern to you and/or which a student should be made aware of prior to placement:

Limitations

Describe any limitations that would be placed upon a student’s learning activities for whatever reason:

Other

Please include any additional information about your agency and/or areas of concern not addressed above:

Thank you for taking the time and effort to complete this request for information. It will be used in determining the appropriateness of your agency for a learning experience for our students. It will also be used by our students as an introduction to your agency when making a choice for their field placements. We recommend that you interview students prior to offering a field placement.

Please submit any other documents, brochures, or handouts that would be helpful in understanding your agency.

If there are any significant changes in this information after submission of this form, please update us as soon as possible. Please complete the information below to indicate that the form is accurate.

Name

Date

Title

Please return to the appropriate campus via mail, fax, or email (contact us for email information):

Shippensburg University
Department of Social Work & Gerontology
Field Services
1871 Old Main Drive
Shippensburg, PA 17257
Phone: (717) 477-1717
Fax: (717) 477-4051

Millersville University
Department of Social Work
Field Coordinator
P. O. Box 1002
Millersville, PA 17551
Phone: (717) 872-3739
Fax: (717) 872-3959

For Field Use Only:

Date Received: _____ Initials: _____

Date of Site Visit: _____ Initials: _____

Notes: