



Social Work Field Placement Field Instructor Information Form

Contact Information

Full Name: Last First M.I. Date:

Agency: Department/Unit/Program:

Title/Position:

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 City State ZIP Code

Work Phone: Email Address: Cell Phone (optional): Fax:

Education and Credentials

Bachelor Institution: Field of Study: Degree Acquired: Date Received:

Masters Institution: Field of Study: Degree Acquired: Date Received:

Ph.D./Advanced Degree Institution: Field of Study: Degree Acquired: Date Received:

Other Degrees and/or Certifications:

Professional Credentials (check all that apply): ACSW Date: LCSW Date: LSW Date: Other (please specify): Date:

Professional Memberships:

Field Instruction Information

How many years of social services experience do you have?

Have you previously been a field instructor for undergraduate social work students? YES NO Approximately how many have you supervised? For which institution(s)?

Have you previously been a field instructor for graduate social work students? YES NO

Approximately how many have you supervised? _____

For which institution(s)? _____

Have you previously been a supervisor for students obtaining other degrees? YES NO

Please describe:

Is this your first time supervising a Millersville University social work student? YES NO

Shippensburg University social work student? YES NO

Please indicate which students you are interesting in supervising (check all that apply):

BSW students (1 semester; 450 hours total)

MSW students (2 semesters; 400 or 500 hours total)

Please list any training and/or teaching experience:

How do you best describe your area of expertise (both skills and field of practice)?

How do you hope to benefit by supervising a social work student? Why are you interested in being a field instructor?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that, as a field instructor, I will need to provide regular supervision and complete required trainings (please see program field manual for details).

Signature

Date

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

Date Approved: _____

Initials: _____