



CALIFORNIA STATE UNIVERSITY, LOS ANGELES

School of Social Work
5151 State University Drive
Los Angeles, CA 90032-8164

Tel: (323) 343-4679 Fax: (323) 343-6312

For Office Use Only:

Received: _____

Entered: _____

Region: N S E W C MS

Primary Service: _____

Agency Fact Sheet

Identifying Information

Full Name of Agency: _____

Address: _____

Street

City

Zip

Phone: _____ Ext: _____ Fax: _____

Placement Coordinator's Name: _____ Phone: _____

Official Title: _____

E-Mail: _____ Cell # _____

If students will be based primarily at other agency locations, please list address(es):

Placement Information

A. The agency will accept (*please check those that apply & how many of each*):

_____ BSW (undergraduate) students # _____ in Fall

_____ First year MSW students # _____

_____ Second year MSW students # _____

B. Does the agency have any special requirements prior to beginning placement (i.e. finger printing, criminal clearances, health clearances, TB test, etc.)? _____

C. Does the agency (*please circle one*) prefer or require a bilingual student?

_____ No _____ Yes: Language: _____

D. Agency hours of operation: _____

E. Are evening and/or weekend hours available for our Intern students? _____ No _____ Yes

Is there MSW/BSW supervision during evening/weekend hours? _____ No _____ Yes

When? _____

F. Are student stipends available? If so, please describe stipend criteria and amount, as well as application deadline.

_____ No _____ Yes: _____

A Brief Agency Description: (*Example: Outpatient substance abuse treatment*)

B. Primary Population Served:

Populations: (Please check one)

☐ Adolescents
☐ Adults
☐ Children
☐ Families
☐ Older Adults

Ethnicity: (Please check one)

☐ African American ☐ Latino
☐ Asian Pacific ☐ Native American
☐ Caucasian
☐ Other, **Specify:** _____

C. Primary Service Provided: (Please check one)

☐ Medical ☐ Older Adult Services
☐ Psychiatric ☐ Probation/DCFS
☐ School/Youth Services ☐ Homelessness
☐ Domestic Violence ☐ Substance Abuse
☐ Mental Health ☐ Special Populations: _____
☐ Macro: _____

D. Please describe Learning Experiences available for Student Interns:

IV. Field Instructor Information
(Please attach a resume for each Field Instructor)

If agency has more than 2 field instructors,
please provide their information.
Use an extra sheet if necessary.

a.(1) Name of prospective Field Instructor:

Cell # (office use only) _____

b.School Attended: _____

Degree/Year: _____ ☐ BSW ☐ MSW

☐ Other *Specify:* _____

c. Additional Training/Licensing: _____

d. Prior teaching/supervision of Interns from other schools, or related experience: _____

e. Has mandatory field instruction training been completed? _____ **If so,** when and where? _____

Please attach copy of field instructor training certificate

a. (2) Name of prospective Field Instructor:

Cell # (office use only) _____

b. School Attended: _____

Degree/Year: _____ ☐ BSW ☐ MSW

☐ Other *Specify:* _____

c. Additional Training/Licensing: _____

d. Prior teaching/supervision of Interns from other schools, or related experience: _____

e. Has mandatory field instruction training been completed? _____ **If so,** when and where? _____

Please attach copy of field instructor training certificate

