

FIELD PLACEMENT REQUEST AND APPLICATION

Instructions: please provide the following information to assist us in the field placement approval process. You may submit this completed form, along with resume and field instructor training certificates via U.S. mail to the address on the top right corner or via email to Nelly C. Barajas ncarrillo@cslanet.calstatela.edu

Thank you!

AGENCY INFORMATION

Agency Name:	Website:
Main office Address:	Additional Program Location Address:
City:	City
Zip Code:	Zip Code:
Hours of Operation:	

CONTACT PERSON

Name:	Title:
Office Phone:	Cell/Alt Phone:
E-mail:	Will you be the field instructor?
	Yes __ No __

Agency Description:

AGENCY PROFILE AND PLACEMENT INFORMATION

Agency will host the following students:	
<input type="checkbox"/> BASW	# of BASW interns: _____
<input type="checkbox"/> 1 st Year MSW	# of 1 st Year MSW interns: _____
<input type="checkbox"/> 2 nd Year MSW	# of 2 nd Year MSW interns: _____

Primary populations served by agency:						
Children__	Adolescents__	TAY__	Families__	Adults__	Older Adults__	Men__
Women__	Immigrant__	LGBT__	Other: _____			

Primary Services provided by agency: (Direct client services)			
Advocacy__	Case Management__	Housing__	Homeless Services__
Hospice__	Discharge Planning__	Individual Counseling__	Family Counseling__
Child Counseling__	Couples Counseling__	Assessments__	Crisis Intervention__
Gang/Youth Violence__	Probation__	DCFS__	Psychiatric__
Developmental Disabilities__	Multipurpose Senior Services Program__	School Based Mental Health Svcs__	Early Intervention 0-5 years__
Substance Abuse Tx__	Mental Health Services__	ITP/Domestic Violence__	Other: _____

Primary Services provided by agency: (Macro/ non direct services)			
Advocacy__	Case Management__	Information/Referrals__	Linkages__
Community Organizing__	Grant Writing__	Program Evaluation__	Program Evaluation__
Fiscal Budgetary Issues__			

AGENCY REQUIREMENTS:

- A. Does the agency have any special requirements prior to beginning placement:

☐Finger printing/ live scan
☐Health clearances/ vaccinations
☐DMV clearance
☐TB Test
- B. Does the agency require a bilingual student?

☐No
 ☐Yes; language required: _____
- C. Are evening and/or weekend hours available for our Intern students?

☐No
 ☐Yes
- D. Is there MSW/BSW supervision during evening/weekend hours?

☐No
 ☐Yes; days available: _____

- E. Does the agency require students to start field early (prior to beginning of the school year) for orientation or training purposes?

☐No ☐Yes; start date: _____

- F. Does the agency offer a student stipend?

☐No ☐Yes; amount: _____

- G. Is the agency open to hosting students with background issues?

☐No ☐Yes

If yes; are there any exceptions? If so, please list: _____

- H. Is the agency a Directly Operated Department of Mental Health site?

☐No ☐Yes

If yes, please submit your student intern request to your DMH representative.

- I. Is the agency a Department of Mental Health Contracted agency?

☐No ☐Yes

If yes, will student be provided DMH documentation training as part of their field experience?

☐No ☐Yes

- J. Does your agency identify as a MACRO placement? ☐No ☐Yes

FIELD INSTRUCTOR PROFILE

Field Instructor Information: Field instructors supervising BSW students must possess a BSW with 2 years post graduate experience. Field Instructors supervising MSW students must possess a MSW with 2 years post graduate experience. All Field Instructors must also complete a Field Instructor Training course.

Field Instructor Identifying Information:	
Name:	Date:
Position Title:	
Agency:	
Agency Address:	Phone:
Email:	

Social Work Education and Experience:	
Undergraduate Institution:	Graduate Institution:
Degree Attained/Date:	Degree Attained/Date:
Are you licensed and in good standing with the Board of Behavioral Sciences? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have 2 years post degree experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed a Field Instructor Training course to provide student intern supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be on site to provide individual supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the student(s) be assigned a Preceptor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide contact information below.	

Preceptor Identifying Information:	
Name:	Date:
Position Title:	
Email:	Phone: