



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
- Asian Pacific
- Caucasian
- Other, **Specify:** \_\_\_\_\_
- Latino
- Native American

**C. Primary Service Provided:** (Please check one)

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

**D. Please describe Learning Experiences available for Student Interns:**

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**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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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

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

*Please attach copy of field instructor training certificate*

