

Confirmation of Field Placement

Instructions: This form is to be completed by the student after the placement interview. It is the student's responsibility to obtain the signature of the field instructor and to submit the completed and signed form to her/his field coordinator for final approval of the placement plan.

Student Name _____

Student Phone Number _____

Student Email Address _____

Level: BSSW Junior BSSW Senior

MSSW Foundation MSSW EBIP Concentration MSSW MLCP Concentration

Certificate Program: Gerontology Trauma Veterinary Social Work NA

Starting Semester: Fall 20__ Spring 20__ Summer 20__

Ending semester: Fall 20__ Spring 20__ Summer 20__

First day of this field placement will be (Date and Time) _____ at _____ AM/PM

Placement Schedule _____

Organization Name _____

Organization Address _____

Address at which student will complete placement activities: Same as above or

Alternate address _____

Please identify requirements that must be completed before student begins field and who is responsible for any costs that may be associated with the requirements.

Online background check _____

Drug screen _____

Fingerprint background check _____

Health information or tests (please specify) _____

Agency orientation/training _____

Other (please describe) _____

Field Instructor complete this section

Field Instructor Name _____

Field Instructor Phone Number _____

Field Instructor Email Address _____

I have met with this student and agree to provide field instruction, including weekly supervision.

(If applicable) I understand that the student is in the _____ Certificate Program. The student has explained the certificate-specific field requirements, and I will support his/her successful completion.

I have a BSSW degree and at least 2 years of post-Bachelor's experience.

I have an MSSW degree and at least 2 years of post-Master's experience.

Task Instructor Name (If assigned) _____

Task Instructor Email Address _____

(Please contact the Field Coordinator if anything changes which would interfere with your ability to provide field instruction at the agency).

Field Instructor Signature _____ Date _____

Student complete this section

I have met with the above named person(s) and agree to this Field Placement.

Student Signature _____ Date _____

Field Coordinator complete this section

Approved Not Approved

Field Coordinator Signature _____ Date _____