

**THE UNIVERSITY OF TENNESSEE COLLEGE OF SOCIAL WORK
MSSW Field Placement Data Form**

FIELD INFORMATION

Please complete all information on this page - **ACADEMIC YEAR:** _____

Name of Agency or Organization _____

Indicate the type and numbers of students the agency can accommodate:

- 1. First Year (16 hours per week)
*Foundation/Generalist Practicum _____
- 2. Second Year (24 hours per week)
*Evidence-Based Practice Across Systems _____
*Evidence-Based Interpersonal Practice _____

(At least one hour of formal individual supervision by a MSSW with 2 years post master's experience is required per student per week)

1. **What are the days and hours your agency operates?**

Days _____

Hours _____

- 2. Are you willing to provide summer field placement? Yes
- 3. Are there opportunities for students to complete field hours in the evenings and/or weekends?

Yes No If yes, provide specific time and indicate the availability of
MSW field instructor during this time.

AGENCY INFORMATION

Agency Name: _____

Name of Executive Director or Administrator _____

Street Address and
Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email Address _____

Web Address _____

Designated Contact for Signing of Memorandum of Agreement
(MOA) _____

Person responsible for sharing MOA with field instructors _____

Who is the primary contact who coordinates field placements _____

Name	Title	Credentials	Contact #
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Primary Contact email address: _____

Provide a **brief description of your agency:** *

List the training opportunities in your agency available for students *

*This information is made available to students

What types of social work activities should a student expect if placed in your agency?

(Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Client Education | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Individual Therapy |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Legislative Activity |
| <input type="checkbox"/> Discharge Planning | <input type="checkbox"/> Program Management |
| <input type="checkbox"/> Other (Specify) | |

Which of the following best describes your setting and services?

- | | |
|--|---|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Legislative/Policy |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Community Based | <input type="checkbox"/> Out-Patient Services |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Residential |
| <input type="checkbox"/> In-Patient Services | <input type="checkbox"/> School |
| <input type="checkbox"/> Other (Specify) | |

Check to identify the general focus of the service(s) provided:

- | | |
|--|--|
| <input type="checkbox"/> Administration & Management | <input type="checkbox"/> In-Patient Psychiatric Services |
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Alcohol & Drug | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Maternal & Child Health |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Medical Social Work |
| <input type="checkbox"/> Community Mental Health (out-patient) | <input type="checkbox"/> Policy Practice & Advocacy |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Program Evaluation & Development |
| <input type="checkbox"/> Corrections/Criminal Justice | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Employee Assistance | <input type="checkbox"/> Victimization (sexual, family violence) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Hospice & Bereavement | <input type="checkbox"/> Other (Specify) |

Check to identify the population(s) you serve:

- Children Adolescents Adults Geriatrics Other (Specify)

Do students serve your agency at a single site multiple sites

If multiple sites, does your agency reimburse for mileage Yes No

If multiple sites, please describe:

Name of Site	Location/Address	Services Provided
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- Are students in your agency required to have use of a personal car? Yes No
(If yes, does your agency reimburse for mileage?)
- Are students required to transport clients?
- Is an agency vehicle available for students to transport clients?
- Are students in your agency required to drive an agency vehicle?
(If yes, is a special driver's license endorsement needed?)
- Are there any other pre-requisites required for placement?
(If yes, check as many as apply)

BSW Degree

Criminal Background Checks

Fingerprints

Physical Exam

Special Endorsement on drivers license

TB and other tests

Other

Does your agency expect interns to work during scheduled UT semester breaks? Yes No

If yes, please comment on specific expectations:

Is there other information you would like to share with a student? (i.e., dress code, lunch breaks, parking situations, holidays or closures, etc.)

**List MSSW staff with 2 years of post-master's experience available to provide field instruction.
(Please attach a Personnel Information and Resume for each and submit with this document)**

Name	Title	Address	Telephone	Email	# of Students Anticipated
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List individual(s) who will serve as task instructor(s), if applicable. Provide a Personnel Information Form for each and submit with this document

Name	Title	Address	Telephone	Email	# of Students Anticipated
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STIPENDS

We are making a concerted effort to seek funding sources for UT students. Please answer the following questions and seek the necessary person to confirm the possibilities offered.

1. Are stipends or a compensated placement available?

Yes No Maybe

Examples: (\$1,500 will provide in-state tuition annually. Some agencies pay Second Year Field Students on an hourly basis while in field. Others provide \$300.00 to \$500.00 monthly while the student is in the field.)

2. What actions by UTCSW (liaison, field coordinator, faculty, dean, others) would help develop, increase or maintain stipends in this agency?
(For example, jointly develop training grants)

3. If your agency cannot provide a full stipend at this time, would your agency be interested in making a yearly contribution to a stipend pool for students who may or may not be placed at your agency?

Yes No Maybe

Agency Name

Agency Administrator Name

Date

Administrator Signature

Please mail or email completed form to the Senior Recorder, UT College of Social Work

Knoxville – Return to

228 Henson Hall

Knoxville, TN 37996-3333

Memphis – Return to

711 Jefferson, Room W607

Memphis, TN 38163

Nashville/Distance Educ. – Return to

193 Polk Ave., Suite E – Room 295

Nashville, TN 37210