

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 Email _____

Student Phone Number _____

Level/Year: BSSW Junior BSSW Senior

MSSW Generalist MSSW Concentration EBIP MSSW Concentration Org. Leadership

Certificate Program: Gerontology Trauma Veterinary Social Work NA

Do you work at the agency where you will complete your field placement? Yes No

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.

Requirement to Begin Field (Check if needed)	Who is Responsible? (Agency or Student through UT)
<input type="checkbox"/> Online background check	
<input type="checkbox"/> Fingerprint background check	
<input type="checkbox"/> Drug Screen	
<input type="checkbox"/> Health information or tests (please specify):	
<input type="checkbox"/> Agency Orientation/training	
<input type="checkbox"/> Other (please describe)	

Field Instructor complete this section (only ONE person can serve as Field Instructor)

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 a MSSW degree and at least 2 years of post-Master's experience.

Task Instructor Name (If assigned) _____

Task Instructor Email Address _____

Will the student receive a stipend? Yes No

If so, what is the amount: _____

(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 _____