



Date _____

FIELD AGENCY INFORMATION

Name of Organization _____

Physical Address _____

City *State* *Zip*

Mailing Address (if different from above)

Street Address or PO Box _____

City *State* *Zip*

Phone _____

Fax _____

Website _____

Email _____

Has your organization served as a field placement site for UT or other social work programs? Yes ___ No ___

If so, please list social work programs _____

Agency Contact Person for Field Placements

Name _____

Position _____

Email _____ Phone _____

Organizational Mission

Standard Setting, Licensing Body or Accreditation(s) for agency, if applicable

Does the agency have current approval/license/accreditation? Yes _____ No _____

AGENCY DESCRIPTION

Brief Description of Organization and Relevant Programs

What populations are served by your organization? *(Please check all that apply.)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Immigrants/refugees | Other special populations
(please list)

_____ |
| <input type="checkbox"/> Adolescents/Youths | <input type="checkbox"/> Veterans | |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Families | |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Couples | |

What services are provided? *(Please check all that apply.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Mental health treatment | <input type="checkbox"/> Residential/ shelter care | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Education | <input type="checkbox"/> Senior care |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Veterans' services |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Child welfare | <input type="checkbox"/> Immigrant/refugee services |
| <input type="checkbox"/> Crisis Services | <input type="checkbox"/> Legal/Forensic Services | <input type="checkbox"/> Other _____ |

AGENCY PERSONNEL

Does your organization have BSSW and/or MSSW social workers on staff? Yes ____ No ____

If so, have any served as social work field instructors? Yes ____ No ____

Please list

INFORMATION FOR STUDENTS

What learning activities are available to students in your organization? *(Please check all that apply.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Prevention services | <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Program development |
| <input type="checkbox"/> Client assessment | <input type="checkbox"/> Family counseling | <input type="checkbox"/> Project management |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Group counseling | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Couples counseling | <input type="checkbox"/> Board meetings |
| <input type="checkbox"/> Discharge planning | <input type="checkbox"/> Policy Practice | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Client education | <input type="checkbox"/> Community practice | <input type="checkbox"/> Home visits |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Grant-writing | <input type="checkbox"/> Research |
| | | <input type="checkbox"/> Other _____ |
| | | _____ |

What are the days and hours of operation of your agency?

Days _____ Hours _____

Are there opportunities for students to complete field hours in the evenings and/or on weekends? Yes ____ No ____

If yes, please describe

Are placements available at a single site or at multiple sites? _____ Single _____ Multiple

If multiple sites, please describe below

Name of site	Location/Address	Services Provided
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a written job description for social work students? Yes _____ No _____
If yes, please attach.

Are students in your agency required to have use of a personal car? Yes _____ No _____

If yes, does your agency reimburse for mileage? Yes _____ No _____

Are students required to transport clients in their personal cars? Yes _____ No _____

Is a stipend available to the student? Yes _____ No _____

Are there other pre-requisites required for placement? Yes _____ No _____

If yes, check all that apply.

Physical Exam

Application

Fingerprints

Orientation/Training

Background Check

Drug Screen

TB Test

Other (*Please specify*) _____

Is there other information you would like to share with a student? (*dress code, parking, etc.*)

Please provide a paragraph that conveys the types of learning experiences that your organization offers and also describes the student characteristics that are a good fit for your placements. We will share this with students and post it in our online agency database (IPT). This will help us market the placement (s) to students to find a good fit.
