**FORM A-2**

**APPLICATION FOR SPECIALIZED PRACTICUM I AND II**

**(Boxes will expand as you type)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialized Practicum I and II** | | | | | | |  | | | | | |
| Name: | | |  | | | | | | | | | |
| Pronouns: | | |  | | | | | | | | | |
| Local Address: | | |  | | | | | | | | | |
| City: | | |  | | | | | | | | | |
| State: | | |  | | | | | | | | | |
| Zip Code: | | |  | | | | | | | | | |
| Phone (home): | | |  | | | | | | | | | |
| Phone (work): | | |  | | | | | | | | | |
| University E-mail: | | |  | | | | | | | | | |
| Fax: | | |  | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | |
| College/University: | | | |  | | | | | | | | |
| City, State | | | |  | | | | | | | | |
| Degree/Date of Graduation: | | | |  | | | | | | | | |
| College/University: | | | |  | | | | | | | | |
| City, State | | | |  | | | | | | | | |
| Degree/Date of Graduation: | | | |  | | | | | | | | |
| **EMPLOYMENT HISTORY** | | | | | | | | | | | | |
| (Please attach a copy of your most up-to-date resume.) | | | | | | | | | | | | |
| **FORMER FIELD PLACEMENT(S)** | | | | | | | | | | | | |
| ***MSW Generalist Practicum:*** | | | | | | | | | | | | |
| Date: | | | | |  | | | | | | | |
| Agency: | | | | |  | | | | | | | |
| Brief description of practicum: (client population served, nature of problems presented, types of interventions you used and other assignments.) | | | | | | | | | | | | |
| ***Advanced Standing Student – BSW Practicum:*** | | | | | | | | | | | | |
| Date: | | | | |  | | | | | | | |
| Agency: | | | | |  | | | | | | | |
| Brief description of field practicum: (client populations served, nature of problems presented, types of interventions you used, and other assignments.) | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| My strengths as a social worker are: | | | | | | | | | | | | |
| My limitations as a social worker are: | | | | | | | | | | | | |
| My goals as a social worker are: | | | | | | | | | | | | |
| The type of field instruction that would be most helpful for developing my competence is: | | | | | | | | | | | | |
| The kind of environment that makes it easiest for me to learn is: | | | | | | | | | | | | |
| Additional important information the interviewer should know about me: | | | | | | | | | | | | |
| Professional License, Membership, Activities (Please list): | | | | | | | | | | | | |
| Please identify any potential conflicts of interest that could affect your placement (e.g., working for a relative or any other situation that could compromise your ability to uphold social work values and ethics). | | | | | | | | | | | | |
| **OTHER PERTINENT INFORMATION** | | | | | | | | | | | | |
| Valid Driver’s License: | | | | | | | | | | | Yes | No |
| Have you ever been convicted of a misdemeanor or felony? If yes, please explain. | | | | | | | | | | | Yes | No |
| Have you ever had a professional license denied, suspended or revoked in any state or country? If yes, please explain. | | | | | | | | | | | Yes | No |
| **In case of emergency, notify:** | | | | | | | | | | | | |
| Name: | |  | | | | | | Phone(s): |  | | | |
| **REFERENCES** | | | | | | | | | | | | |
| (One reference must be an ISU School of Social Work faculty member) | | | | | | | | | | | | |
|  | **NAME** | | | | | **EMAIL** | | | | **PHONE** | | |
| **1.** |  | | | | |  | | | |  | | |
| **2.** |  | | | | |  | | | |  | | |
| **3.** |  | | | | |  | | | |  | | |

**STATEMENT OF UNDERSTANDING AND CONSENT**

Statement of Review of NASW Code of Ethics, MSW Program Student Handbook, and MSW Field Manual

I have reviewed and agree to adhere to the NASW Code of Ethics and policies outlined in the Illinois State University MSW Program Student Handbook and the MSW Practicum Manual. I understand my responsibilities and ethical commitments as a social work student at ISU and as a future professional social worker.

Statement Regarding Academic Performance

I understand that I must meet the minimum overall GPA of a 3.0 on a 4.0 scale. I understand I must earn a letter grade of C or better in all required social work classes and a letter grade of B or better in all field practicum courses (SWK 422, SWK 491). I must pass (CR), SWK 498.03 in order to proceed to the next semester (SWK 498.04). I also understand that any Incomplete grades must be resolved prior to entering the practicum. I understand that academic misconduct is unethical and includes but is not limited to plagiarism (copying others’ work and claiming it as your own, failing to use proper citations, cheating on tests and homework assignments and copying or purchasing papers from the internet or other sources).

Statement of Commitment to Work Toward Professional Competence

I understand that I must demonstrate minimal levels of effective performance when interacting with clients and coworkers. I must provide evidence of: following the agency’s personnel practices; maturity; openness to differences; respect of learning from others including my clients; openness to learning and constructive feedback from my supervisor, faculty, coworkers and colleagues; complete all assigned tasks; self-reflection; and mastery toward the necessary skills for interpersonal helping.

Statement Regarding Background Checks

I am aware that required background checks may affect my future in social work. My signature indicates that I am fully aware I may be required to obtain a background check for criminal convictions, child abuse and neglect, and my driving record. These background checks may be required for my practicum and/or future employment. I understand that I may discuss any information with the Director of Field Education and will be advised about any implications of the information shared.

Statement Regarding Release of Information to Potential Field Instructors, and/or Agency

I understand the Director of Field Education will be contacting potential field instructors/agency in an effort to secure a placement on my behalf. I, therefore give the Director of Field Director permission to release pertinent and relevant information about me to potential practicum agencies and their representatives. This release will be valid up to twelve months from the date this agreement is signed.

Statement of Understanding of the Practicum Placement Process

I understand that I must complete all the steps of the Field Placement Process by the designated dates provided by the Director of Field Education. I understand that failure to do so will jeopardize my placement in an agency/school for my practicum. I understand that I must complete 350 hours per semester in my placement over the course of two semesters (32 weeks).

My signature below indicates that I have read and concur with the above statements.

|  |  |
| --- | --- |
| SIGNATURES | |
| Student: |  |
| Printed Name: |  |
| Director of Field Education or Graduate Assistant: |  |
| Date: |  |

Any questions, please contact Sona Chalian, Director of Field Education at (309) 438-3733.