**FORM B**

**MSW FIELD AGENCY/SCHOOL PROFILE**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency/School |  | | | | |
| Phone |  | | | | |
| Program or Department |  | | | | |
| Address |  | | | | |
| Person Completing Form |  | | | | |
| Date Submitted |  | | | | |
| Web site Address |  | | | | |
| **(If more than one type of placement is available, please fill out a separate form for each program)** | | | | | |
| Contact Person for Student Interview | | |  | | |
| Phone | | |  | | |
| Email | | |  | | |
| **FIELD INSTRUCTORS:** (Please List ALL) | | | | | |
| Name | | | Degree | | |
|  | | | MSW  Other: | | |
|  | | | MSW  Other: | | |
|  | | | MSW  Other: | | |
|  | | | MSW  Other: | | |
|  | | | MSW  Other: | | |
| Describe the major purpose and mission of the agency/LEA and the primary services provided (or provide us with a brochure). | | | | | |
| **Type of work student will do: (Check all that apply)** | | | | | |
|  | | MSW Generalist | | | MSW Specialized |
| Crisis/support/referral | |  | | |  |
| Community practice | |  | | |  |
| Family/couples | |  | | |  |
| Group work | |  | | |  |
| Individual casework/counseling | |  | | |  |
| Program evaluation/research | |  | | |  |
| Social action/advocacy | |  | | |  |
| Social planning/policy development | |  | | |  |
| Workshops/training | |  | | |  |
| Other: (Please explain) | | | | | |
|  | | | | | |
| **Primary client groups served by the agency:** | | | | | |
| Communities  Children  Adolescents  Families  Elderly | | | | People with disabilities  People of color  Women  Men  Other: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area of practice of agency/school:** (Check all that are applicable) | | | | | | | | | | | | | | | |
| Child welfare  Corrections  Family violence  Employee assistance  Health/medical  Income security | | | | | | | | Mental health  School social work  Substance abuse  Treatment/counseling  Rural practice  Other: | | | | | | | |
| **Specific Requirements:** | | | | | | | | | | | | | | | |
| Placement hours? | | | | | | | | | | | | | | | |
| Regular Workday |  | Flexible | |  | Evening | |  | | Weekend |  | Shift  (specify) | | |  | |
| Is a car required? | | | | Yes | | No | | | | | | | | | |
| Clearances required: | | | | | | | | | | | | | | | |
| CANTS | | | Criminal | | | | | Driving | | | | Other | | | |
| Are there any restrictions or obstacles to audio or videotaping? | | | | | | | | | | | | | Yes | | No |
| Any other requirements to your placement (e.g., female only, non-smoker, other languages, T.B. status, etc.). Please list below. | | | | | | | | | | | | | | | |
| **Placement Description** | | | | | | | | | | | | | | | |
| Briefly describe the placement that is being offered. | | | | | | | | | | | | | | | |
| Please add any other information that you would like potential students to know about the placement (e.g., qualities or characteristics of student most suited to your placement; any changes within the organization that might affect learning opportunities). | | | | | | | | | | | | | | | |