**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). |