FIELD PRACTICUM AGENCY INFORMATION FORM

Date: _____

Agency Name: _____

Name of Agency Director: _____

Address: _____

_____

Telephone: _____ Fax Number: _____

Unit Responsible for Student Experience: _____

1. Mission/Goals

2. Funding/auspices (e.g., private non-profit, United Way, state, county, grants)

3. Service(s) offered

4. Licensing body or bodies or other membership in Standard-setting Organization(s) (e.g., JCAHO, Family Service Association of America, etc.)

5. Professional Staff: Number and Qualifications – total staff serving clients
Social Workers (#BSW and #MSW)

Other disciplines

6. Staff Education Program (include description of in-service training program, educational budget, library materials, educational leave opportunities, etc.)

7. Physical Facilities for students (include office/desk space, telephone, word processor, internet and e-mail, transportation)

8. Other information on the Agency Relevant to Practicum (e.g., require/provide background checks, Mantoux text, Chemical Dependency or similar special training required/available – may workers make long distance calls from agency phones).

9. Are workers typically expected to transport clients in their own vehicles? If the student used own vehicle for agency services, what is the rate of mileage reimbursement?

Form completed by:

_____

Title:

_____

Date:

_____

NL/MC 8/05
Formatted to on line form: DC 8/14