

Practicum Supervisor Information Form

Name:

Title:

Date:

Phone:

Email:

Name of agency, organization, site, and/or unit:

Year of initial employment at this agency:

Agency Address:

Brief job description:

Are you a Licensed MN Social Worker? If yes, provide level and #

Undergraduate school experience

School:

Address:

Major(s):

Minor(s):

Degree:

Year of Graduation:

Graduate school experience

School:

Address:

Degree:

Year of Graduation:

Specialization(s):

My signature affirms my agreement to provide direct supervision to any social work student placed with me in my agency. In summary, I will:

- Accept students for practicum instruction without regard to / does not discriminate on the basis of sex, race, color, creed, national origin, gender identity, gender expression, sexual orientation, age, religion, disability, marital status, veteran status, or status with regard to public assistance
- Provide the student a context in which to observe and engage in generalist practice, encounter ethical dilemmas and their resolution, observe relationships between social policies at various levels, apply evaluative measures to practice and programs, and participate in everyday social work practice.
- Attend Program's orientation and training sessions on supervision.
- Provide weekly supervision and on-going evaluation of the student.
- Notify the St. Olaf Practicum Coordinator of any problems or questions as soon as they become evident.

Signature

Date