



FIELD PLACEMENT ASSIGNMENT WORKSHEET
Academic Year 2012 - 2013

All students **must** complete and submit as early as possible, but no later than March 1, 2012:

- pages 1 and 2;
- relevant pages for placement possibilities A, B, and/or C; and
- a current resume, including prior field placements.

1. Field Practicum & School of Social Work Program Information

Student Name: _____

Placement Information: (check all relevant)

- | | | |
|--|--|---|
| <input type="checkbox"/> Weekday Program | <input type="checkbox"/> Weekend Program | |
| <input type="checkbox"/> Advanced Standing | <input type="checkbox"/> BS/MSW | <input type="checkbox"/> MSW/JD |
| <input type="checkbox"/> 1 st Placement | <input type="checkbox"/> 2 nd Placement | <input type="checkbox"/> Return from Leave of Absence |

I am submitting information for possibility(ies): (check all relevant)

- | | | |
|---|---|--|
| <input type="checkbox"/> SSW Assigned Placement | <input type="checkbox"/> Employment-Based Placement | <input type="checkbox"/> New Agency Suggestion |
|---|---|--|

2. Student Contact Information

Please check here if the following information may be different from what is currently on file.

Address: _____	Apt: _____
Email: _____	Fax: () _____
Home phone: () _____	Work: () _____
	Other: () _____

Will the above information be valid during the summer and the coming academic year? Yes No

- If "No" provide alternate addresses and means of contact, for the summer months and the coming academic year, if known at this time:

Summer Address: _____	Apt: _____
Email: _____	Fax: () _____
Fall Address: _____	Apt: _____
Email: _____	Fax: () _____

Do you hold a valid driver's license? Yes No

Will you use a reliable, insured vehicle for transportation to your placement? Yes No

Date Worksheets Received: _____

3. Advisor Signature/Approval

TO FACULTY ADVISORS:

Advisors, your signature verifies that you have discussed the student's field practicum ideas and endorse the student's suggestions as noted on the worksheet for Possibility A, Possibility B, and/or Possibility C. Your signature also verifies that you have discussed the student's field practicum ideas, have reviewed the proposal if Possibility B, Employment-Based Placement, has been suggested, and endorse suggestions as noted on this worksheet and on the proposal.

- The student has requested consideration for Possibility A – SSW Assigned Placement
- The student has requested consideration for Possibility B – Employment-Based Placement
- The student has requested consideration for Possibility C – New Agency Suggestion

Faculty Advisor Signature: _____ **Date:** _____

TO STUDENTS:

If you are not able to acquire your faculty advisor's signature, please provide documentation of this communication and indicate here how you have communicated with your faculty advisor to inform him or her of the ideas found on the form(s) you are submitting to the Field Office for review: (check all relevant)

- Telephone Email Other

Describe: _____

For Field Office Use Only

Possibility A: SSW Assigned Placement

The School of Social Work has relationships with agencies throughout New England and New York. Assignments are made based on opportunities for students to develop advanced generalist skills, supervisory credentials, and expertise at the site, as well as availability. Students: please use the space below to provide additional information about yourself (beyond that indicated by your current resume, which must be attached or provided) that will assist the Field Office in making the field placement assignment (attach additional sheets if needed):

Population(s) with which the student is interested in working: (check up to two)

<input type="checkbox"/> Youth 0 – 12	<input type="checkbox"/> Youth 13 – 19	<input type="checkbox"/> Young Adult 20 – 29
<input type="checkbox"/> Adult 30 – 59	<input type="checkbox"/> Older Adults 60+	<input type="checkbox"/> Other _____

Services about with which the student is interested in learning: (check up to two)

<input type="checkbox"/> Schools	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Community Based Services
<input type="checkbox"/> Health/Hospital	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Families and Children
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Elder Services	<input type="checkbox"/> Substance Abuse

Additional information the student wishes to provide: Include here relevant experiences that indicate why these interests have been identified and areas of practice that might not be an educational fit due to the student's history.

“I will accept an assignment from the school’s agency affiliates. I understand that I have five (5) business days to arrange for an interview with the identified contact person once the placement possibility has been identified. I understand that interviews for field placements are competitive; I will prepare for my interview as I would for a job interview, providing the interviewer with a cover letter and resume in advance of the interview, researching the services of the agency, preparing relevant questions for the interview, and sending a thank you note following the conclusion of the interview, before, during, and after which I will maintain professional decorum in all my interactions with agency representatives. I understand that after two field placement assignments are made that do not result in a definitive placement, my name may be referred to the Field Placement Advisory Committee for determination of next steps in the field placement assignment process.”

Student Signature: _____ **Date:** _____

For Field Office Use Only

This page intentionally left blank for printing purposes.

Possibility B: Employment-Based Placement

To be completed in consultation with appropriate and authorized representatives from place of employment. Both pages of this section must be completed before submitting to the Field Office.

Agency of Employment: _____

Program in Agency to be considered for Internship: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone 1: () _____ Phone 2: () _____ Phone 3: () _____

Expected Direct Supervisor for MSW Internship: (if different from above)

Title: _____ Phone: () _____

(Individual must have MSW, a minimum of three years' post-MSW experience, have taken or be willing to take Field Supervision Seminar at any school of social work in New England, and be someone other than student's employment supervisor. In Massachusetts, the expected supervisor must hold licensure at the LCSW at a minimum.)

Additional information the student wishes to provide: Include here relevant experiences that indicate why these interests have been identified and areas of practice that might not be an educational fit due to the student's history.

Check one:

"My signature below verifies that I have discussed the following employment-based practicum proposal with agency supervisors and representatives and it has received preliminary approval. I have also discussed this plan with my faculty advisor. I am aware that final approval rests with the Director of Field Education based on supervisory criteria and appropriate opportunities for learning."

OR

"I have investigated the possibility of an employment-based practicum and I will continue to discuss this possibility with supervisors and representatives at the agency in which I am employed until a decision is reached that provides full learning opportunities. I understand that my agency of employment will be reviewed for practicum suitability by the Director of Field Education."

Student Signature: _____ Date: _____

For Field Office Use Only

Possibility B: Employment-Based Placement (continued)

To be completed in consultation with appropriate and authorized representatives from place of employment. Both pages of this section must be completed before submitting to the Field Office.

Provide a brief description of activities in which you will be engaged for your field practicum:

(e.g., services provided, population served, department or program to which you will be assigned for your field placement). *Note: Activities must be substantially different from those in current employment context and must reflect MSW level responsibilities and the school's curricular requirements.*

Planned Field Practicum Schedule: (days and times)

- 1st Placement – 15 hours/week, 225 hours/semester, total of 450 hours
- 2nd Placement – 20 hours/week, 300 hours/semester, total of 600 hours
- Advanced Standing Placement – 20 hours/week, 300 hours/semester, total of 600 hours

The Individual/Family Caseload Assignment (Micro Practice) will be satisfied by:

(provide a brief description; use additional pages if needed)

The Group Experience Assignment (Mezzo Practice) will be satisfied by:

(provide a brief description; use additional pages if needed)

Client-focused helping group

Team or administrative group

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The Community (1st placement) or Administrative (2nd placement) Assignment (Macro Practice) will be satisfied by:

(provide a brief description; use additional pages if needed)

For Field Office Use Only

Possibility C: Possible New Agency Suggestion

Suggested Agency Name: _____

Address: _____ Apt: _____

Contact Person: _____ Phone: () _____

It is my understanding that this Agency serves this (or these) **population(s)**: (check up to **two**)

<input type="checkbox"/> Youth 0 – 12	<input type="checkbox"/> Youth 13 – 19	<input type="checkbox"/> Young Adult 20 – 29
<input type="checkbox"/> Adult 30 – 59	<input type="checkbox"/> Older Adults 60+	<input type="checkbox"/> Other _____

It is my understanding that this Agency provides these **services**: (check up to **two**)

<input type="checkbox"/> Schools	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Community Based Services
<input type="checkbox"/> Health/Hospital	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Families and Children
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Elder Services	<input type="checkbox"/> Substance Abuse

Additional information the student wishes to provide: Include here relevant experiences that indicate why these interests have been identified and areas of practice that might **not** be an educational fit due to the student's history.

In the event this agency is not available for a placement, please provide the following information.

Population(s) with which the student is interested in working: (check up to **two**)

<input type="checkbox"/> Youth 0 – 12	<input type="checkbox"/> Youth 13 – 19	<input type="checkbox"/> Young Adult 20 – 29
<input type="checkbox"/> Adult 30 – 59	<input type="checkbox"/> Older Adults 60+	<input type="checkbox"/> Other _____

Services about with which the student is interested in learning: (check up to **two**)

<input type="checkbox"/> Schools	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Community Based Services
<input type="checkbox"/> Health/Hospital	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Families and Children
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Elder Services	<input type="checkbox"/> Substance Abuse

“I have suggested what I believe is a placement agency or program that is new to the school to be researched by the Field Office for placement suitability. I understand that the suggested agency may not be approved as a placement based on supervisory and curricular expectations or availability of placements there. If the agency I have suggested is not approved, or does not have availability, I will accept an assignment from the school's agency affiliates.”

Student Signature: _____ Date: _____

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