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|  | **Office of Social Work****Field Education** |

## FIELD AGENCY – PRACTICUM SITE REQUEST

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| **GENERAL AGENCY INFORMATION**  |

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| **Agency Name:** | Click here to enter text. |  |  |
|  |  |  |  |
| **Address:** | Click here to enter text. |  | Click here to enter text. |
|  | Street Address |  | Suite or Unit # |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | City | State | ZIP Code |
| **Main Phone:** | ( Click here to enter text.) |  |
| **Agency Specialization:** | Click here to enter text. |
| **Hours of Operations:** | Click here to enter text. |
| **Field Placement Locations:** | Click here to enter text. |
| **Do you have an Affiliation Agreement with Texas State** |  **☐ YES ☐ NO ☐Not sure** |
| CONTACT INFORMATION  |
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| --- | --- | --- | --- |
| **Authorized Agency Contact:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Last | First | M.I. |
| **Title of Contact:** | Click here to enter text. |  |  |
| **Phone:** | (Click here to enter text.) | **Email Address**:  | Click here to enter text. |
| **Degree Type:** | Click here to enter text. | **Licensure:** | Click here to enter text. |
| **Social Work Supervisor\*:** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Last | First | M.I. |
| **Phone:** | (Click here to enter text.) | **Email Address**:  | Click here to enter text. |
| **Degree Type:** | Click here to enter text. | **Licensure:**  | Click here to enter text. |
| **Will there be supervision of student interns for the duration of the internship?**  | [ ]  **YES** [ ]  **NO** | [ ]  **OTHER** Click here to enter text. |
| **\* A social work student intern must be supervised by a credentialed social work professional. Bachelor’s Degree in Social Work (BSW) with five consecutive years post educational experience or Master’s Degree in Social Work (MSW) with five consecutive years post educational experience as required credentials. An MSW student intern may only be supervised by an MSW degreed person. Please attach a resume/vitae of the credential social work professional for verification of degree and experience.**  |

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| PRACTICUM INFORMATION  |
| Student Intern Type | Intern Request by Semester Fall semester begins in late August to early December (15 weeks)* Spring Semester begins in late January to early May (15 weeks)
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|[ ]  BSW – Generalist |  |  [ ]  Fall Click or tap here to enter text. | [ ] SpringClick or tap here to enter text. |
|[ ]  MSW Foundation - Generalist |  |  [ ]  FallClick or tap here to enter text. | [ ] SpringClick or tap here to enter text. |
|[ ]  MSW Advanced  |  |  [ ]  FallClick or tap here to enter text. | [ ] SpringClick or tap here to enter text. |
| **Other Considerations:**Click here to enter text. |
| Do you have paid internships or stipends available for student? |
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| --- | --- | --- |
|[ ]  Yes |[ ]  No | Please provide details:Click here to enter text. |

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| Internship Learning Opportunities (check all that apply) |
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| --- | --- | --- |
|[ ]  Case Management |[ ]  Casework |[ ]  Group Facilitation |
|[ ]  Investigations |[ ]  Intake |[ ]  Information/referral |
|[ ]  Education/Training |[ ]  Crisis Intervention |[ ]  Client Advocacy |
|[ ]  Individual Assessments |[ ]  Discharge Planning |[ ]  Policy Advocacy |
|[ ]  Individual Therapy |[ ]  Home Visits |[ ]  Research |
|[ ]  Group Therapy |[ ]  Housing Assistance |[ ]  Grant Management |
|[ ]  Family Therapy |[ ]  Community Organizing |[ ]  Program Development |
|[ ]  Legislative  |[ ]  Program Evaluation |[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **If a student intern job description is available, please attach to this request. If a job description is not available, please provide information regarding the types of duties and responsibilities a student intern will perform in the agency.****Student Intern Duties\*\***: Click here to enter text. |
| **Please note***: Student interns are covered by professional liability insurance to protect against potential claims arising from acts, error or omission in rendering services of a professional nature. It does not provide coverage for a student’s automobile, health, or medical coverage if a student becomes ill or sustains an injury while performing field related activities. Students are not authorized to transport clients, use agency vehicles, or travel out of state for field related activities.* |