UNIVERSITY OF ARKANSAS AT MONTICELLO
DEPARTMENT OF SOCIAL WORK

Agency Field Practicum Placement Application

I. Agency Information

Name of Organization: ____________________________________________________________

Main Office Address: ____________________________________________________________

Street Address: ________________________________________________________________

City ______________________ State ______________________ Zip Code

Main Phone #: ______________________

Agency Contact for Social Work Department: ________________________________

II. Agency Description

Please provide a brief (1 paragraph) description of your agency’s program(s) and services, including the target population served.

Please list and describe specific programs and sites below:

Program Name: ______________________________________________________________

Address: ________________________________

Designated Field Instructor: ______________________ Degree/ License: ______

E-mail address: __________________________ Phone: ______

Brief description of program: _________________________________________________
__________________________________________________________________________

Revised 5/25/2017
Please list any additional programs on this page. If there is only one program in which students may be placed, then please skip this section and go to page 3.

**Program Name:**

Address:

Designated Field Instructor: Degree/ License:

E-mail address: Phone:

Brief description of program:


**Program Name:**

Address:

Designated Field Instructor: Degree/ License:

E-mail address: Phone:

Brief description of program:


**Program Name:**

Address:

Designated Field Instructor: Degree/ License:

E-mail address: Phone:

Brief description of program:


III. Placement Activities:

Please check any of the following activities which are available for student interns in your agency:

<table>
<thead>
<tr>
<th>Activities</th>
<th>SWK Internship I</th>
<th>SWK Internship II</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) Intakes</td>
<td></td>
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<td>2.) Individual client work</td>
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<td>3.) Group work</td>
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<td>4.) Family work</td>
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<td>5.) Community meeting or activities</td>
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<td>6.) Staff development or training</td>
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<td>7.) Other kinds of activities (specify)</td>
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</table>

Field Practicum I: The student will acquire a total of 240 hours; supervisors are required to have at least a BSW or related degree.

Field Practicum II: The student will acquire a total of 240 hours; supervisors are required to have at least a BSW or related degree.
IV. Please elaborate on the specific learning opportunities a student might be expected to encounter:


V. Agency Requirements

A. How many students can your agency effectively supervise?

#________

B. Are there travel requirements?________ Yes_______ No

Will your agency reimburse the student for mileage?__________ Yes_______ No

C. Can you accommodate students with special needs (physical handicaps or limitations) please explain


Other Agency Information:

A. Please describe any agency limitations that a student should be aware of (staff turnover, limited space, etc.):


B. Describe the key features of your agency which would facilitate a successful placement (extended hours, student offices, etc.):


C. Does your agency offer a stipend as a part of the placement? Please describe the amount and the requirements:

________________________________________________________________________

________________________________________________________________________

D. Other helpful information:________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_____________________________ _________________________
Signed Signed

_____________________________ _________________________
Title Title

_____________________________ _________________________
Date Date