UNIVERSITY OF ARKANSAS AT MONTICELLO
DEPARTMENT OF SOCIAL WORK

Field Instructor/Task Supervisor Data Sheet

Name: __________________________ Date: __________________

Agency Name: __________________________

Agency Address: __________________________

Phone: __________________ Fax: __________________

E-Mail: __________________

EDUCATIONAL BACKGROUND

College Attended: __________________________

Degree Received: __________________________

Major: __________________________ Year Graduated: __________

College Attended: __________________________

Degree Received: __________________________

Major: __________________________ Year Graduated: __________

College Attended: __________________________

Degree Received: __________________________

Major: __________________________ Year Graduated: __________
EMPLOYMENT BACKGROUND

Please list employment history in social work, beginning with most recent:

Agency: ____________________________  Position: ____________________________
Dates of Employment: _____________ to _____________

Agency: ____________________________  Position: ____________________________
Dates of Employment: _____________ to _____________

Agency: ____________________________  Position: ____________________________
Dates of Employment: _____________ to _____________

Agency: ____________________________  Position: ____________________________
Dates of Employment: _____________ to _____________

PROFESSIONAL LICENSE AND MEMBERSHIPS

Please indicate your professional license & number and other professional credentials:

*Note: A license is not required to be a Field Instructor. However, we would like to know what license(s) you hold.

______ LSW: # ______________________  ____ LCSW: # ______________________

______ LMSW: # ______________________  ____ Member of NASW

Other: ____________________________________________

Please describe your commitment to providing social work education, supervision, including what support will be provided by the agency:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I verify that the stated information is accurate and complete.

_________________________________________  ____________________________
Field Instructor Signature  Date

Revised 6.14.2017