

OFFICIAL FIELD AGENCY ACCEPTANCE FORM

If more than one student is to be placed with the same agency, a separate form must be completed for each student.

Date: _____ Student Name: _____

Practicum: 1st ___ 2nd ___ Program: ___ Weekday ___ Weekend ___ Adv. Standing

Parent Agency Information

Agency's **Legal Name**: _____

Program Name: _____

Mailing Address: _____

Main Phone Number: (_____) _____ Fax Number: (_____) _____

Website: WWW. _____

Chief Administrator Name/Title: _____

Chief Administrator: Phone: (_____) _____ Email: _____

Field Placement Address (if different than above mailing address)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax #: _____

Initial Contact/Manager with overall responsibility for student internships (if applicable)

Initial Contact: _____

(Name and Title)

Phone: (_____) _____ Email: _____

Primary Supervisory Responsibility (if different from Initial Contact)

Primary Supervisor **must hold an MSW; In MA, must also be licensed at LCSW Level**

Primary Supervisor Name: _____ Licensure/
Degree(s) _____

Title/Position: _____ Email: _____

Phone: (_____) _____ Fax #: (_____) _____

Secondary Supervisory (if applicable)

(Secondary Supervisory **must hold** master's degree in related field)

Secondary Supervisor Name: _____ Licensure/
Degree(s) _____

Title/Position: _____ Email: _____

Phone: (_____) _____ Fax #: (_____) _____



OFFICIAL FIELD AGENCY ACCEPTANCE FORM (continued)

Please identify the services and populations in which the student will be engaged:

**Services provided by program, department or unit of the agency, or by the agency in general
(please check up to two)**

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

**Population(s) with which the student will be working
(please check up to two)**

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

The agency agrees that:

- Students** will be provided with learning opportunities consistent with the Advanced Generalist learning objectives (for more information see: "Mission Statement", "Field Practicum Activities and Academic Products", "Selection and Responsibilities of Field Supervisors" and "Purpose of Field Education").
- Field Supervisor(s)** will meet the student(s) a minimum of 1.5 hours per week in face-to-face supervision throughout the two semesters of practicum.
- Field Supervisor(s)** will make up supervision hours cancelled by the supervisor.
- Field Supervisor(s)** will arrange for back-up supervision if supervisor is absent for more than one week. Absence r more than three weeks requires negotiation with the Faculty Advisor and arrangements for a qualified MSW substitute supervisor.

SIGNATURES (The **official** at the agency who is authorized to sign for the agency should complete the first signature):

Designated Agency Signatory: _____ **Title:** _____
(Please **print** name)

_____ **Date:** _____
(Please **sign** name)

Primary Field Supervisor: _____ **Title:** _____
(Please **print** name)

_____ **Date:** _____
(Please **sign** name)

Please attach: *A copy of the Primary Fields Supervisor's latest resume (if not provided to the school within the last 3 years) and agency information literature or brochure(s) (if not provided within the last 5 years, and if available).

Please return this form to: **Springfield College School of Social Work, Attn: Field Office**
263 Alden Street
Springfield, MA 01109-3797

Field Office contact info: Phone# 413-748-3064 Fax# 413-748-3069 Email: snunley@springfieldcollege.edu

OFFICAL FIELD AGENCY ACCEPTANCE FORM (continued)

Thank you for joining us in creating valuable social work education experiences!