

FIELD PLACEMENT ASSIGNMENT WORKSHEET

SUBMIT TO: SC Department of Graduate Social Work / Office of Field Education
263 Alden Street, Springfield MA 01109 / Office: 413-748-3064 / Fax: 413-788-2401

READ THIS DOCUMENT THOROUGHLY BEFORE
FILLING OUT ANY INFORMATION OR EMAILING OR CALLING WITH QUESTIONS.

ALL CURRENT & INCOMING STUDENTS
PLEASE RETURN TO THE OFFICE OF FIELD EDUCATION AS SOON AS POSSIBLE AFTER
RECEIVING.

WORKSHEET CHECKLIST

IN ORDER TO COMPLETE THIS FORM, EVERYONE MUST SUBMIT:

- ☐ Sections I, II and III (found on the first 2 pages that follow);
- ☐ Relevant pages for placement possibilities A, B, and/or C;
- ☐ and, a **CURRENT RESUME** (including any prior field placements).

WORKSHEET PROCEDURES AND ASSIGNMENT PROCESS

☒ **READ THIS ENTIRE DOCUMENT COMPLETELY AND CAREFULLY.** It contains information and materials relevant to potential placements and related forms to be submitted to the Office of Field Education for review and processing.

☒ **DISCUSS YOUR IDEAS** about an upcoming field placement with your faculty advisor, and acquire his or her signature, or other indication of agreement with your ideas. (See Section III on the following pages)

Incoming students do not need to speak to a Faculty Advisor. The Office of Field Education will communicate directly with these students.

☒ **FOR CURRENT STUDENTS: IF YOU ARE NOT ABLE TO ACQUIRE** the faculty advisor's signature, but have communicated with him or her, note how you communicated with your advisor about your placement ideas in Section III on the following pages (i.e., via email, telephone call, or other).

☒ **VERY IMPORTANT: ATTACH A CURRENT RESUME TO THE WORKSHEET MATERIALS YOU SUBMIT.** If this is a second placement, be sure your first placement is included on the resume you submit. If a current resume is not attached, your interests cannot be addressed effectively.

☒ **SUBMIT** the fully completed relevant sections of the Worksheet and your resume to the Office of Field Education as soon as possible.

Incoming students: mail or fax these materials when ready, and as soon as possible, to the address at the top of this page, Attention: Jacqueline LeHouiller.

ALL FORMS WILL BE PROCESSED AND INFORMATION RESEARCHED by the Office of Field Education. Students will hear from and communicate with the professional staff of the Office of Field Education during the spring and summer months about possible placements.

If you have any questions about this form, consult the Policies and Procedures document at <https://springfield.edu/academics/departments-of-social-work/fieldwork>, found under Resources, Field Documents.

I. Field Practicum & Department of Graduate Social Work Program Information

Please Indicate the Semester/Year this Placement is to Begin _____

Student Name _____ ID# _____ DATE: ____ / ____ / ____

Check all boxes that are relevant to your situation on this page:

PROGRAM

- Weekday** ☐ 1st year ☐ 2nd year ☐ Advanced Standing (only for those with BSW)
Weekend ☐ 2nd year ☐ 3rd year ☐ Advanced Standing (only for those with BSW)
☐ MSW/JD (already admitted to both programs)
☐ Worcester Site Classes
☐ From Springfield College Undergraduate Departments of Humanities and Social Sciences, Criminal Justice and Psychology (BS/MSW)

FOR RETURNING STUDENTS

- ☐ Return from **Leave of Absence** (select 1st or 2nd placement upcoming):
☐ 1st placement ☐ 2nd placement (including Advanced Standing)

FOR STUDENTS WHO DEFFERED ENTRY AND ARE ENTERING FIELD THIS ACADEMIC YEAR

- ☐ Starting for the first time after **deferral** (select 1st Placement or Advanced Standing):
☐ 1st Placement Weekday ☐ Advanced Standing Weekday ☐ Advanced Standing Weekend

FOR STUDENTS WITH NON-STANDARD SCHEDULES

- ☐ Modified Program (weekend/weekday combined, extended, transfer credits)

I am submitting information for the following possibility(ies) (descriptions on following pages); check all relevant:

- ☐ SSW Assigned Placement (Possibility A) ☐ Employment-Based Placement (Possibility B) ☐ New Agency Suggestion (Possibility C)

II. Student Contact Information

Current

Address: _____ **Apt:** _____

City

State

Zip Code

Email: _____ **Fax:** ()

Home phone: () **Cell:** () **Work:** ()

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:

Alternative

Address: _____ **Apt:** _____

City

State

Zip Code

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

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

III. Advisor/Office of Field Education Faculty Signature/Approval

TO FACULTY ADVISORS FOR CURRENT STUDENTS:

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 reviewed the complete proposal if Possibility B, Employment-Based Placement, has been suggested, and that you 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 CURRENT STUDENTS:

If you are not able to acquire your faculty advisor's signature, please provide documentation of communication with your advisor about the upcoming field placement 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 (check all relevant).

- ☐ Telephone ☐ Email ☐ Other (describe below)

Describe: _____

TO ALL INCOMING STUDENTS, INCLUDING ADVANCED STANDING STUDENTS:

An advisor will be assigned for all students in late summer. For incoming students, before you begin your program in the fall, please consider the staff in the Office of Field Education as serving as advisors. Thus, incoming students may disregard this signature requirement.

Because Advanced Standing students will be assigned an advisor during summer classes, an advisor signature or indication of communication is not required for advanced standing students to submit suggestions for field placement on this Field Assignment Placement Worksheet. Until an advisor is assigned, Advanced Standing students should also consider the staff in the Office of Field Education as serving as advisors. Please contact the Office of Field Education at 413-748-3064 should you have any questions.

Possibility A: Department of Graduate Social Work Assigned Placement

The Department of Graduate 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, appropriate supervisory personnel, and expertise at the site, as well as availability at the agency. Each year presents different opportunities at the agencies with which the school partners 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 Office of Field Education in making the field placement assignment (attach additional sheets if needed):

Population(s) with which the student is interested in working: (please number the boxes by preference, i.e., if “Children 0-12” is your 1st choice - put “1” in that box, etc. – check up to three)

<input type="checkbox"/> Children 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: (please number the boxes by preference, i.e., if “Substance Abuse” is your 1st choice - put “1” in that box, etc. – check up to three)

<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 learning and practice goals that indicate why these interests have been identified.

Areas of practice that might not be an educational fit due to the student’s history.

“I will accept an assignment from the MSW program’s agency affiliates. I understand that I have maximum of three (3) business days to arrange for an interview with the identified contact person once the placement possibility has been identified (though some agencies may request a shorter time period in which to schedule the interview). I understand that interviews for field placements are highly competitive; I will prepare for my interview as I would for a job interview, providing the interviewer or contact with a cover letter and updated 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 the interview I will maintain professional decorum in all my interactions with agency representatives, including dressing professionally and appropriately for the in-person interviews and any follow-up interviews. 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:** _____

Possibility B: Employment-Based Placement

To be completed in consultation with appropriate and authorized representatives from the student's place of employment. Both pages of this possibility selection must be completed before submitting to the Office of Field Education.

Agency of Employment: _____

Program in Agency to be considered for Internship: _____

Address (of location of placement): _____

City: _____ State: _____ Zip Code: _____

Contact Person or Current
Employment Supervisor: _____ Title: _____

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

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

Title: _____ Phone: ()

(Individual supervising must have an MSW, a minimum of three years post-MSW experience, have taken or be willing to take the Field Supervision Seminar at a 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.)

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 professional staff of the Office 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 professional staff of the Office of Field Education. If it is determined that my place of employment cannot provide the appropriate internship opportunities, I will work with the staff of the Office of Field Education to secure an internship that meets required curricular criteria."*

Student Signature: _____ Date: _____

To students and agency representatives:

Be sure to complete the information on the reverse of this page before submitting this form to the Office of Field Education.

Possibility B: Employment-Based Placement (cont., p. 2 of 2 pages)

Employment-Based Practicum Proposal

To be completed in consultation with appropriate and authorized representatives from place of employment. Both pages of this section (pp. 1 & 2) must be completed before submitting to the Office of Field Education.

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 setting and must reflect MSW level responsibilities and the school's curricular requirements.*

Planned Field Practicum Schedule: (days and times—how will you arrange your schedule?):

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

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

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

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

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

Client-focused Helping Group

Team or Administrative Group

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

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

Possibility C: Possible New Agency Suggestion

While the Department of Graduate Social Work has established relationships with approximately 450 agencies across New England and New York State, there may still be agencies about which we are not familiar or that have been newly established. If you suggest an agency with which we already have a relationship, we may work through our contacts there. Or, if you provide contact information that is new to us, we will likely work through your suggested contact. Realize that students are not obligated to suggest an agency nor to provide contact information for a suggested agency (also see possibility A).

Suggested Agency Name: _____

Address: _____ **Suite:** _____

Contact Person: _____ **Phone:** () _____

It is my understanding that this Agency serves this (or these) population(s): (please number the boxes by preference, i.e., if “Children 0-12” is your 1st choice - put “1” in that box, etc. – check up to three)

<input type="checkbox"/> Children 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: (please number the boxes by preference, i.e., if “Substance Abuse” is your 1st choice - put “1” in that box, etc. – check up to three)

<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 learning and practice goals that indicate why these interests have been identified.

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: (choose up to three)

<input type="checkbox"/> Children 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: (choose up to three)

<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 MSW program to be researched by the Office of Field Education 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 among the MSW Program’s agency affiliates or I will investigate an employment-based internship along with assistance from the professional staff of the Office of Field Education.”

Student Signature: _____ **Date:** _____