

**APPENDICES II**  
**FIELD PLACEMENT DOCUMENTS & FORMS**

**Appendix II - A**



**INTERNSHIP PARTICIPATION AGREEMENT  
By and Between  
VIRGINIA STATE UNIVERSITY (VSU)  
And**

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THIS PARTICIPATION AGREEMENT (“Agreement”), dated this \_\_\_ of \_\_\_\_\_, 2015, is made by and between VIRGINIA STATE UNIVERSITY (the “University), an educational institution and agency of the Commonwealth of Virginia, on behalf of the Social Work department within the College of Humanities, and \_\_\_\_\_, (“Site”), as an approved setting for Field Education in the University’s programs of education for social work. The University and Site referred to individually as “Party” and collectively as “Parties”.

By signing this agreement, both the University and the Site commit themselves to cooperative efforts, as described below, in the provision of Field Education to students of the University and agree to adhere to the policies and procedures outlined in the VSU Department of Social Work Field Manual. The Field Manual is located on the University’s website under the Department of Social Work.

**WITNESSETH**

WHEREAS, the University requires, as part of its accreditation and social work programs, that its Social Work students obtain micro and macro social work experiences in the treatment of individuals, families, groups, organizations, and/or communities; and

WHEREAS, the Site has the facilities, programs and personnel that will enable it to provide such field practice;

NOW THEREFORE, the Parties agree as follows:

1. Term and Termination. This agreement becomes effective on \_\_\_\_\_, 2015, and remains in force for a period of three years. This agreement may be terminated by either Party by the furnishing of ninety (90) day's notice in writing of its intention to so terminate providing that such termination shall not occur during an academic session. No modification or renewals of this Agreement shall be valid unless in writing and executed with the same formality as this Agreement.
  
2. Duties of University. University shall:
  - A. Consider the Site as a partner in the Field Education program and to collaborate with relevant Site staff in order to provide appropriate learning experiences.
  - B. Maintain responsibility for the administration of the Field Education program, including decisions, which affect the progress of the student, such as grades, credits and the Field Education hours at the Site.
  - C. Assume responsibility for the selection of students to be placed at the Site, and to provide the Site with names and contact information for those students assigned.
  - D. Provide consultation to the Site Field Instructor(s) and other appropriate staff in the general development of its Field Education program.
  - E. Provide a designated member of the faculty to serve as Faculty Field Liaison to the Site in matters pertaining to Field Education. The Faculty Field Liaison will:
    1. Serve as principal liaison between the University and the Site;
    2. Make periodic visits to the Site to review student progress and consult with the Field Instructor on ways to facilitate student learning or to handle problems;
    3. Be available to the Field Instructor for immediate consultation when requested;
    4. Share with the Field Instructor knowledge of the educational program of the University.
  - F. Provide opportunities for professional development of the Field Instructor(s) and other appropriate members of the Site staff through provision of meetings, workshops, and seminars.
  
3. Duties of Site:
  - A. Accept students for placement in the Site, the exact number to be negotiated annually by the Site and the Coordinator of Field Education.
  - B. Accept students without regard to race, ethnicity, sex, sexual orientation, age, religion, or disability.

- C. Provide educationally sound Field Education placements consistent with the program level of the students accepted for placement.
- D. Include the student as a participant in Site programs and activities, as appropriate.
- E. Work with the University to provide opportunities for students to gain new knowledge and skills in all areas of the curricula.
- F. Provide qualified Field Education for student(s) by designating those persons who will serve as Field Instructors subject to the evaluation and approval of the University.
- G. Assure that each Field Instructor will:
  - 1. Meet the educational needs of the student, through the following activities: orientation to the Site and its services; development of learning opportunities appropriate to course learning objectives (which have depth and variety); preparation for supervision with the student; and regularly scheduled, weekly, individual supervisory sessions with the student;
  - 2. Meet with the Faculty Field Liaison at period intervals to discuss learning opportunities and student performance;
  - 3. Attend required Field Instructor trainings as well as appropriate University sponsored meetings; and
  - 4. Prepare reports and evaluations as required by the University and described in the Field Manual.
- H. Prepare students in whatever way necessary to maximize their safety in the learning environment, including in the Site, in the community, and with the client population(s) served.
- I. Allow the use of its facilities by students during the period of placement, including:
  - 1. Appropriate space for students, including an area that is sufficiently private for executing independent work and activity;
  - 2. Space, on a regular or as needed base, in which privacy for interviews and conferences can be assured;
  - 3. Convenient access to a telephone and computer;
  - 4. Office supplies needed in the performance of responsibilities;
  - 5. Access to client and Site records appropriate to the learning experience.
- J. Allow students to share with the Faculty Field Liaison appropriately discussed case materials, which are relevant to the student's learning.
- K. Advise the Coordinator of Field Education of changes in Site policy and/or service.
- L. Cooperate with the University in the use of Site materials for classroom discussions and

assignments, based on the understanding that the University requires students to obtain permission of the Field Instructor for any outside use of Site materials; that records must never be removed from the Site; and that all case material used for papers and discussions must be adequately disguised.

M. Cooperate with the University's policy that students will not transport clients in their personal vehicles.

N. Provide for student travel on behalf of clients by (please check those which apply):

use of Site cars or

reimbursement for use of his/her private vehicle at the minimum rate of \$ \_\_\_\_\_ per mile, the mileage rate to be adjusted to the prevailing Site rate in case of its increase; or

payment of an agreed amount, \$ \_\_\_\_\_ per \_\_\_\_\_ (period) to cover this expense or

other as described herein: \_\_\_\_\_

4. Mutual Responsibilities.

A. Both Parties agree that, in the event of unsatisfactory performance by a student, and/or faculty member, each Party reserves the right to recall that student and/or faculty member from the field and shall so notify the other Party through that Party's agent who is most closely associated with the field practice.

B. The Parties understand and agree that no employment relationship is created or intended by the Site's compliance with items (1) through (4) above.

5. General

A. Entire Agreement: This Agreement constitutes the entire understanding of the Parties with respect to the subject matter herein and supersedes all prior oral or written agreements with respect to the subject matter herein. This Agreement can be modified or amended only in writing signed by all of the Parties.

B. Severability: Should any portion of this Agreement be declared invalid or unenforceable for any reason, such portion is deemed severable from the Agreement and the remainder of this Agreement shall remain fully valid and enforceable.

C. Waiver: The failure of a Party to enforce any provision in this Agreement shall not be deemed a waiver of such right.

- D. Assignment: Neither Party shall assign or otherwise transfer its rights or delegate its obligations under this Agreement without the prior written consent of the other Party. Any attempted assignment, transfer or delegation without such consent shall be void. All of the terms and provisions of this Agreement shall be binding upon and inure to the benefit of the Parties hereto and their successors and assigns.
- E. Independent Contractors: The relationship of the Parties to each other is solely that of independent contractors. No Party shall be considered an employee, agent, partner or fiduciary of the other except for such purposes as may be specifically enumerated herein, nor shall anything contained in this Agreement be construed to create any partnership or joint venture between the Parties. The University does not sponsor, endorse, or make any express or implied warranties for Site.
- F. Publicity: Except as specifically provided for herein, Site shall not use, in its external advertising, marketing programs, or promotional efforts, any data, name, insignia, trademarks, pictures or other representation of the University or its employees except on the specific written authorization in advance by the University. The University must receive all requests for authorization in writing no later than ten (10) days in advance of the use date.
- G. Use of Trademarks: Site shall not use the name or any trademark of the University without prior written permission of the University, no less than 10 days in advance of such use.
- H. Nondiscrimination: Both Parties to this Agreement agree to no discriminate on the basis of race, color, religion, national origin, sex, pregnancy or related medical conditions, age, marital status, or disability.
- I. Sovereign Immunity: Nothing in this Agreement shall be deemed a waiver of the sovereign immunity of the Commonwealth of Virginia and of Virginia State University.
- J. Authorized Signatures: The signatory for each Party certifies that he or she is an authorized agent to sign on behalf of such Party.

- K. Third-Party Beneficiaries: No third Party is entitled to rely on any of the representations, warranties and agreements of the Parties contained in this Agreement. No Party assumes any liability to any third Party because of any reliance on the representations, warranties and agreements of the Parties contained in this Agreement.
  
- L. Liability: University shall be responsible for the simple negligent acts or omissions of its agents and employees causing harm to persons not a Party to this Agreement. Site shall be responsible for the negligent acts or omissions of its agents and employees causing injury to persons not a Party to this Agreement.
  
- M. Insurance: Signature on this document constitutes the Site's agreement to hold the University harmless of any incidents, accidents, injury, damages to person or property that shall occur while performing duties under this agreement. The Risk Management Plan of the Commonwealth of Virginia provides liability coverage to students when they are required by the curriculum to participate in supervised and graded practicum including the University's Social Work Field Instruction Program. Student responsibilities are outlined in the Field Manual. The Site will provide evidence of coverage upon request.
  
- N. Contract Administrator: Upon award, the Coordinator of Field Education is designated as the individual who is authorized to administer all work performed in conjunction with this Memorandum of Understanding.

**IN WITNESS WHEREOF**, the parties have caused this contract to be duly executed, intending to be legally bound.

**Virginia State University**

(Agency)

\_\_\_\_\_  
Gloria J. Taylor, Senior Buyer

\_\_\_\_\_  
(Agency Representative)

Purchasing Department

(Agency Department)

**Appendix II-B**



**AGENCY PLACEMENT INFORMATION**

Agency Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Name of Department/Unit/Program \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Executive Director \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator of Training \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Organization (check one):

\_\_\_\_\_ Public, \_\_\_\_\_ Private, not for profit \_\_\_\_\_ Private, for profit

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

**SOCIAL WORK METHODS:**

Please indicate the learning experiences available for BSW students at your agency (check all that apply).

\_\_\_\_\_ Individual, \_\_\_\_\_ Family, \_\_\_\_\_ Group, \_\_\_\_\_ Community, \_\_\_\_\_ Organization

**AGE OF CLIENTS SERVICE** (Check all that apply);

\_\_\_\_\_ Children, \_\_\_\_\_ Adolescents, \_\_\_\_\_ Adults, \_\_\_\_\_ Elderly



**ETHNICITY:**

\_\_\_\_\_ African American/Black, \_\_\_\_\_ Asian American, \_\_\_\_\_ Caucasian/White  
\_\_\_\_\_ Latino(a) Hispanic, \_\_\_\_\_ Native American/First Nations, \_\_\_\_\_ Other

**SEXUAL ORIENTATION:**

\_\_\_\_\_ Gay, \_\_\_\_\_ Lesbian, \_\_\_\_\_ Heterosexual, \_\_\_\_\_ Bisexual,  
\_\_\_\_\_ Transgender

**SOCIO-ECONOMIC STATUS**

**LOCALITY**

\_\_\_\_\_ Poverty Level or Below

\_\_\_\_\_ Urban

\_\_\_\_\_ Average Income \$ \_\_\_\_\_

\_\_\_\_\_ Suburban

\_\_\_\_\_ Above Average Income \$ \_\_\_\_\_

\_\_\_\_\_ Rural

**FIELD OF PRACTICE and PROGRAMS (check all that apply):**

**Mental Health/Illness**

\_\_\_\_\_ inpatient, \_\_\_\_\_ outpatient, \_\_\_\_\_ prevention, \_\_\_\_\_ community support/day treatment  
\_\_\_\_\_ crisis intervention, \_\_\_\_\_ residential, \_\_\_\_\_ other (specify)

\_\_\_\_\_  
\_\_\_\_\_

**Family/Child Welfare:**

\_\_\_\_\_ family preservation, \_\_\_\_\_ family services, \_\_\_\_\_ foster care/adoption  
\_\_\_\_\_ child abuse/neglect, \_\_\_\_\_ residential treatment, \_\_\_\_\_ shelters,  
\_\_\_\_\_ daycare, \_\_\_\_\_, domestic violence, \_\_\_\_\_ other (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Substance Abuse/Addiction:**

\_\_\_\_\_ inpatient, \_\_\_\_\_ outpatient, \_\_\_\_\_ methadone, \_\_\_\_\_ detoxification,  
\_\_\_\_\_ court ordered, \_\_\_\_\_ other (specify): \_\_\_\_\_

\_\_\_\_\_

**Medical/Health:**

\_\_\_\_\_ inpatient, \_\_\_\_\_ outpatient, \_\_\_\_\_ hospice, \_\_\_\_\_ home care,  
\_\_\_\_\_ emergency, \_\_\_\_\_ dialysis, \_\_\_\_\_ other (specify) \_\_\_\_\_

**Criminal Justice:**

\_\_\_\_\_ institution, \_\_\_\_\_ probation/parole, \_\_\_\_\_ diversion, \_\_\_\_\_ residential,  
\_\_\_\_\_ other (specify) \_\_\_\_\_

**Social Justice & Other:**

\_\_\_\_\_ legal, \_\_\_\_\_ advocacy, \_\_\_\_\_ government relations,, \_\_\_\_\_ community action.  
\_\_\_\_\_ social action, \_\_\_\_\_ international services, \_\_\_\_\_ employee assistance,  
\_\_\_\_\_ other (specify) \_\_\_\_\_

**PLEASE INDICATE THE NUMBER OF VSU STUDENT(S) FOR W HOM YOU CAN PROVIDE  
A FIELD PLACEMENT IN THE FOLLOWING SEMESTERS;**

**SPRING:      Begins mid January, ends late April/early May**

| <b>Level of Student</b> | <b>Time in Placement</b>                         | <b>Number of Students</b> |
|-------------------------|--------------------------------------------------|---------------------------|
| _____ BSW Jr.           | Begins Mid January<br>12 weeks (14 hours per wk) | _____                     |

**FALL:          Begins mid August, ends late November**

| <b>Level of Student</b> | <b>Time in Placement</b>                        | <b>Number of Students</b> |
|-------------------------|-------------------------------------------------|---------------------------|
| _____ BSW Sr.           | Begins mid August<br>12 weeks (21 hours per wk) | _____                     |



**Requirement of Students:**

**Does your agency require?**

\_\_\_\_ One semester      \_\_\_\_\_ Two semesters

\_\_\_\_ Specific coursework (specify) \_\_\_\_\_

\_\_\_\_ Specific times for attendance (specify) \_\_\_\_\_

\_\_\_\_ Specific training (specify): \_\_\_\_\_

\_\_\_\_ Special expenses (e.g., parking, physical exams, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Prior experience (specify) \_\_\_\_\_

\_\_\_\_ Home visits (specify) \_\_\_\_\_

\_\_\_\_ Student to have own care (specify) \_\_\_\_\_

\_\_\_\_ Special hours. Please specify: \_\_\_\_\_

\_\_\_\_ Criminal records background check?      \_\_\_\_\_ Yes, \_\_\_\_\_ No

\_\_\_\_ Abuse/Neglect background check”      \_\_\_\_\_ Yes, \_\_\_\_\_ No

\_\_\_\_ Is a formal orientation provided?      \_\_\_\_\_ Yes, \_\_\_\_\_ No

\_\_\_\_ Immunizations/health verification?      \_\_\_\_\_ Yes, \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

**Please list any other conditions of the practicum experience the student(s) may need to be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Potential Field Instructor:**

**Name:** \_\_\_\_\_

**Service of Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**MSW acquired:**                      **Date** \_\_\_\_\_

**Prior Field Instructor:** Yes \_\_\_\_\_ No \_\_\_\_\_ VSU \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Has attended VSU Field Instruction Seminars?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**Potential Field Instructor:**

**Name:** \_\_\_\_\_

**Service of Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**MSW acquired:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Prior Field Instructor:** Yes \_\_\_\_\_ No \_\_\_\_\_ VSU \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Has attended VSU Field Instruction Seminars?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**Potential Field Instructor:**

**Name:** \_\_\_\_\_

**Service of Division:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**MSW acquired:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Prior Field Instructor:** Yes \_\_\_\_\_ No \_\_\_\_\_ VSU \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Has attended VSU Field Instruction Seminars?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET)**

**Appendix II-C**



**FIELD INSTRUCTION PROGRAM  
PHONE: 804/524 6276; FAX: 804/524-6277**

**NEW AGENCY: SITE VISIT REPORT**

Date of Site Visit \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Does the agency have more than one location? \_\_\_\_\_yes\_\_\_\_\_no

If so, list address of each:

\_\_\_\_\_  
\_\_\_\_\_

Date of Visit: \_\_\_\_\_ Site Visitor: \_\_\_\_\_

Met with: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Director (CEO & Director of Social Work, if applicable)

\_\_\_\_\_

Agency philosophy and / or practice orientation: \_\_\_\_\_

Agency purpose, function: \_\_\_\_\_

\_\_\_\_\_

Agency funding base: \_\_\_\_\_

Number of MSW's eligible (based on CSWE & SW Program criteria) to provide field instruction:

\_\_\_\_\_ How many are available \_\_\_\_\_

How far agency from VSU location? \_\_\_\_\_

Is there a stipend for students? \_\_\_\_\_yes\_\_\_\_\_no

What expenses might students have at the agency which is not reimbursed? (e.g., travel, supplies, parking):

\_\_\_\_\_

Does the agency have sufficient space for students? \_\_\_\_\_yes \_\_\_\_\_no

Is parking available? \_\_\_\_\_yes \_\_\_\_\_no

Does the agency provide in-service training? \_\_\_\_\_yes \_\_\_\_\_no

What educational / training aids are available? \_\_\_\_\_

Are other students in placement? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what university (ies) \_\_\_\_\_

and what discipline(s) \_\_\_\_\_.

Has the agency received \_\_\_\_\_, signed \_\_\_\_\_, returned \_\_\_\_\_

our Memorandum of Agreement?

Is the agency ethically and culturally diverse? Staff: \_\_\_\_\_yes \_\_\_\_\_no

Clients: \_\_\_\_\_yes \_\_\_\_\_no

Is the agency suitable for BSW? \_\_\_\_\_

Does the agency understand VSU requirements?

\_\_\_\_\_ hours in field

\_\_\_\_\_ amount of direct client contact\_

\_\_\_\_\_ macro experiences

\_\_\_\_\_ vacation policy

\_\_\_\_\_ learning contract

\_\_\_\_\_ process recordings

\_\_\_\_\_ liaison visits

\_\_\_\_\_ ethic and cultural diversity

\_\_\_\_\_ Memorandum of Agreement

\_\_\_\_\_ group experiences

Recommendation: \_\_\_\_\_ use \_\_\_\_\_ do not use (explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Visitor Signature \_\_\_\_\_

Date: \_\_\_\_\_



**Appendix II-D**



**QUESTIONNAIRE FOR FIELD INSTRUCTORS  
AND AGENCY SETTINGS**

**FIELD INSTRUCTOR**

Field Instructor's Name \_\_\_\_\_

Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Type of Organization \_\_\_\_\_ Public \_\_\_\_\_ Private, not for profit \_\_\_\_\_ Private, for profit

\_\_\_\_\_ Other (Specify):

Agency Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Number of Professional Staff (including administrators) at Agency \_\_\_\_\_

1. Degree(s) held by Field Instructor \_\_\_\_\_

2. If you do not hold a degree in social work, does any one else in the agency have one? If so, who and what level? (i.e., B.A., B.S.W., M.S.W., D.S.W., Ph.D.) \_\_\_\_\_

\_\_\_\_\_

3. What, if any, licenses do you hold to practice? Are they required in your role in agency? \_\_\_\_\_

\_\_\_\_\_

4. Your professional career experience (length of time at current job, other positions held, \_\_\_\_\_ etc.)

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5. Brief description of your current responsibilities and duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Membership in professional organizations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Participation in professional work outside of agency.  
\_\_\_\_\_
8. Are you currently \_\_\_\_\_ or do you plan to \_\_\_\_\_ pursue a program of professionally related education in addition to what you currently possess?  
If so, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Publications \_\_\_\_\_
10. Please describe your supervisory experience (i.e., other workers, students, how many, when, major course of study, etc.) \_\_\_\_\_  
\_\_\_\_\_
11. Your practice orientation (i.e., group work, families, case-work, community practice, transactional analysis, milieu therapy, psychoanalytic approach, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
12. How do you feel you can best contribute to a student's education in the field? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Please indicate the names of anyone else who will be acting as Field Instructor.  
\_\_\_\_\_  
\_\_\_\_\_

Who will be designated as the person of overall responsibility for field instruction?  
\_\_\_\_\_

**AGENCY**

14. Description of Agency Mission and Services (include brochures, if available):  
\_\_\_\_\_

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15. Please check educational experiences available to students:

- |                                                            |                                                    |
|------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Case Management                   | <input type="checkbox"/> Group work with clients   |
| <input type="checkbox"/> Intakes                           | <input type="checkbox"/> Discharge Planning        |
| <input type="checkbox"/> Brief or Crisis Work with Clients | <input type="checkbox"/> Individual work w/clients |
| <input type="checkbox"/> Long Term Work w/clients          | <input type="checkbox"/> Staff Meetings            |
| <input type="checkbox"/> In-Service Training               | <input type="checkbox"/> Documentation             |
| <input type="checkbox"/> Home Visits                       | <input type="checkbox"/> Resource Systems          |

Other Experiences:

16. Clientele served by agency (check):

- | <u>Age</u>                                | <u>Ethnicity</u>                                       |
|-------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Infant – Toddler | <input type="checkbox"/> African American/Black        |
| <input type="checkbox"/> Pre-School       | <input type="checkbox"/> Asian American                |
| <input type="checkbox"/> Elementary       | <input type="checkbox"/> Caucasian/White               |
| <input type="checkbox"/> Adolescents      | <input type="checkbox"/> Latino/a Hispanic             |
| <input type="checkbox"/> Adults           | <input type="checkbox"/> Native American/First Nations |
| <input type="checkbox"/> Older Adults     | <input type="checkbox"/> Other                         |

17. Is there an accrediting association which oversees students for agencies such as yours?

Does your agency currently hold an accredited or certified status? \_\_\_\_\_

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18. What are the names and titles of the director of the agency or the head of the project? (i.e., executive director, Ph.D., etc.) \_\_\_\_\_

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19. What is the major funding source of your agency? \_\_\_\_\_

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20. Are you affiliated with any other agencies? If so, whom? \_\_\_\_\_

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21. Brief description of services provided by our agency \_\_\_\_\_

\_\_\_\_\_

22. Brief description of client population \_\_\_\_\_

\_\_\_\_\_

23. Predominant mode of intervention provided by agency (i.e., family therapy, eclectic approach, behavioral therapy, group work, casework, etc.) \_\_\_\_\_

\_\_\_\_\_

24. Give a brief description of activities or learning experiences a field student might encounter in your agency. \_\_\_\_\_

\_\_\_\_\_

25. What skills might a student expect to acquire as a result of these experiences? \_\_\_\_\_

\_\_\_\_\_

26. What would be important for a student to know in making a decision about seeking field instruction in your agency? \_\_\_\_\_

\_\_\_\_\_

27. Does your agency employ bachelor level social work practitioners? \_\_\_\_\_

\_\_\_\_\_

28. Requirements and Resources for Students (Check):

*Does student require a car?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Are opportunities available for evening or weekend hours?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Is there any financial support available for students?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Does the agency compensate for agency incurred travel by:* \_\_\_\_\_ Yes \_\_\_\_\_ No

Per mile reimbursement \_\_\_\_\_

Use of agency care \_\_\_\_\_

Other (specify) \_\_\_\_\_

Comments:

29 Name and degrees of other persons with a BSW or MSW degree providing **direct** supervision [Field Instructor(s)]:

| <b>Name</b> | <b>Degree</b> | <b>Year of Degree</b> |
|-------------|---------------|-----------------------|
| 1. _____    |               |                       |
| 2. _____    |               |                       |
| 3. _____    |               |                       |
| 4. _____    |               |                       |
| 5. _____    |               |                       |

Thank you for your cooperation in making this information available to our students.

**Appendix II-E**



**SOCIAL WORK PROGRAM  
FACULTY LIAISON REPORT**

Semester \_\_\_\_\_

Date \_\_\_\_\_

Faculty Liaison \_\_\_\_\_

Name of Agency \_\_\_\_\_

**EVALUATION OF AGENCY**

1. Does the agency provide sufficient client contact to students to meet their learning goals?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Does this agency (its programs and the client contact) meet the learning needs of BSW

students? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Roughly what percent of the student's direct practice is:

\_\_\_\_\_ % Individual                      \_\_\_\_\_ % Family                      \_\_\_\_\_ % Group

\_\_\_\_\_ % Community & Organizations

4. Do BSW students have the opportunity to apply practice/theory concepts to individuals, families, groups and macro projects?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If not, please explain:

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5. Are students treated primarily as “learners” at this agency?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If not, please explain:

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6. Are there sufficient opportunities for students to work with clients from a range of diverse backgrounds (i.e., social class, sexual orientation, ethnicity, etc.)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If not, please explain:

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7. Does practice in this agency clearly reflect the values and ethics of the social work profession?

If not, please explain:

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8. Please comment briefly on the nature and appropriateness of the following:

Physical arrangements for students \_\_\_\_\_

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Student caseload \_\_\_\_\_

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Hours required by agency \_\_\_\_\_

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Agency expectation of student's skills \_\_\_\_\_

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Expenses related to the placement (e.g., unreimbursed travel) \_\_\_\_\_

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Are there any other issues or concerns you have about this agency which should be taken into consideration when making future placements?

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Semester \_\_\_\_\_

Date \_\_\_\_\_

Name of Liaison \_\_\_\_\_

Name of Field Instructor \_\_\_\_\_

EVALUATION OF THE FIELD INSTRUCTOR

9. Has the field instructor attended VSU Field Instructor Orientation and Seminar

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

10. Is the field instructor providing at least one hour of conference time for the student per week?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Is the field instructor available to the student at other times?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The field instructor works particularly well with (check all that apply):

\_\_\_\_\_ Young and inexperienced students

\_\_\_\_\_ Older student's

\_\_\_\_\_ Strong students

\_\_\_\_\_ Student's who have experienced

\_\_\_\_\_ Students who need structure

\_\_\_\_\_ Students who work independently

\_\_\_\_\_ Students w/social work experience

\_\_\_\_\_ Students who need special help

\_\_\_\_\_ “problems” in the field

\_\_\_\_\_ Unable to evaluate at this time

13. The field instructor’s teaching style can be characterized as

\_\_\_\_\_ Structured

\_\_\_\_\_ Conceptual

\_\_\_\_\_ Experiential

\_\_\_\_\_ Collaborative

\_\_\_\_\_ Affective

\_\_\_\_\_ Does not “teach”

\_\_\_\_\_ Informal

\_\_\_\_\_ Cannot characterize

14. To what degree does the field instructor emphasize the importance of self-awareness in her/her work with students?

1. \_\_\_\_\_ none 2. \_\_\_\_\_ minimal 3. \_\_\_\_\_ none 4. \_\_\_\_\_ frequently 5. \_\_\_\_\_ primary focus

15. Does the field instructor use process recording effectively as a teaching tool?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If not, please explain:

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16. How would you characterize this field instructor’s expectations of her/his student’s learning and performance?

\_\_\_\_\_ Lower than the Program

\_\_\_\_\_ In line with the Program

\_\_\_\_\_ Higher than the Program

17. Please comment on any additional strengths or weaknesses of this field instructor which you feel should be taken into account as we make future placements:

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**Appendix II-F**



**FIELD EDUCATION PROGRAM  
FIELD PLACEMENT DECISION FORM**

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

DATE INTERVIEW COMPLETED: \_\_\_\_\_

DECISION: \_\_\_\_\_ ACCEPTED FOR PLACEMENT

\_\_\_\_\_ REJECTED FOR PLACEMENT

FIELD INSTRUCTOR NAME: \_\_\_\_\_

FIELD INSTRUCTOR PHONE: (     ) \_\_\_\_\_ FAX: \_\_\_\_\_

FIELD INSTRUCTOR EMAIL: \_\_\_\_\_

RETURN TO: VSU SOCIAL WORK PROGRAM  
Field Education Program  
Att: Director of Field Education  
Department of Sociology, Social Work and Criminal Justice  
P.O. Box 9036  
Petersburg, Virginia 23831

Fax: 804 524 6277

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For Office Use Only:

Faculty Field Liaison \_\_\_\_\_

**Appendix II-G**



VSU SOCIAL WORK PROGRAM

Department Office: 804 524 5511

BSW Field Office: 804 524 6276

Fax: 804 524 6277

**ORIENTATION CHECK LIST FOR FIELD INSTRUCTOR(S)**

- \_\_\_\_\_ Sent a memo to staff before the student's arrival introducing the student(s) to the agency.
- \_\_\_\_\_ Toured the agency and introduced students to the staff
- \_\_\_\_\_ Provided a written orientation schedule
- \_\_\_\_\_ The basics: working hours, parking, dress code, time and places that people eat lunch, location of soda and snack machines, schedule of agency holidays, procedures for mailing and copying, and obtaining an agency ID.
- \_\_\_\_\_ Clarified policies about calling in sick, used of telephones for business and personal calls, availability of supplies and how to access, processing travel vouchers.
- \_\_\_\_\_ Reviewed the *NASW Code of Ethics*
- \_\_\_\_\_ Provisions for HIPAA Training
- \_\_\_\_\_ Reviewed safety and security procedures
- \_\_\_\_\_ Provided a map of the city and county.
- \_\_\_\_\_ Provided a job description, outlining the functions of the student within the specific program, and an overview of orientation activities and ongoing tasks.

- \_\_\_\_\_ Provided information on history of agency, organizational structure, types of staff and their roles, funding sources, etc.
- \_\_\_\_\_ Provided agency policy manual and general instructions regarding timeline for mastering content.
- \_\_\_\_\_ Discussed the supervision process and schedule for weekly supervisiom times; clarified availability outside scheduled times and others in the agency that the student might seek out to answer their questions
- \_\_\_\_\_ Developed a glossary of terms and abbreviations commonly used in agency.
- \_\_\_\_\_ Clarified how student (s) may identify him/herself in written and oral contacts.
- \_\_\_\_\_ Discussed expectations for time management, record keeping, and any required reports.
- \_\_\_\_\_ Provisions made for students to shadow their field instructor and othe workers for short period of time.
- \_\_\_\_\_ Provisions made for student to meet and interview key administrative personnel as well as key contacts in collateral agencies.
- \_\_\_\_\_ Clarified confidentiality policies and procedures.
- \_\_\_\_\_ Helped student(s) to identify own feelings and needs, in relation to completing the practicum.
- \_\_\_\_\_ Scheduled speciffc supervision session to evaluate student's completion of orientation tasks.
- \_\_\_\_\_ Negogiated and discussed learning contract with the student.
- \_\_\_\_\_ Recommended learning activities/tasks the student can do when not busy, such as a list of recommended readings and where the student can access them.
- \_\_\_\_\_ Assisted the student in understanding the agency culture and operpating within it.
- \_\_\_\_\_ Discussed issues of accoutability, evaluation procedures within the agency as well as the methods for evaluationg the student's performance

**Appendix II-H**



**Request for Reduction of Field Hours**

*Directions: Complete this form, obtain the endorsement of your Faculty Field Instruction Liaison (seminar instructor) and submit an endorsed copy to the Social Work Field Instruction Coordinator. Also, please give an information copy of your request to your Agency Field Instructor.*

\_\_\_\_\_  
Student Name \_\_\_\_\_ Semester & Year \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Number of Reduced Hours Requested up to 16

In the space below, please explain:

1. Number of and reason for missed field hours;
2. Why you feel you will not be able to make up missed hours;

**Endorsement:** I have read this request for reduced field hours and support the student's request:  
(check one) \_\_\_\_\_ in full    \_\_\_\_\_ in part (use back of form for recommendations and/or restrictions).

3. How you plan to meet all of your field instruction obligations within the reduced hours requested.

Copy to: Faculty Field Instruction Liaison  
Agency Field Supervisor

|                                                                                  |
|----------------------------------------------------------------------------------|
| _____ Request granted for _____ hours reduction (Required total hours now _____) |
| _____ Request denied (240 hours still required)                                  |