Field Placement Request

To assist us in matching students with placements that fit their learning objectives, please provide a brief description of the educational experience your field placement offers. The information below will be placed on the School of Social Service Administration’s Agency Database. The Field Office staff and students use this source extensively to learn about your agency and field placement opportunities. You may update the description as needed.

Date: __________________________
Agency Name: _______________________
Program Name (if applicable): ________________
Address: __________________ City, State, Zip: ________________
Phone: __________________ Fax: __________________
E-Mail: __________________ Website: __________________

Person who Coordinates Field Placements:
Name: __________________
Phone: __________________
Fax: __________________
E-Mail: __________________
Address (if different from above): __________________

Is the Coordinator also a Field Instructor? Yes No

Please list any additional field instructors: (Each field instructor is required to complete a personal data form).

__________________________________________________________________________
Brief Description of the Agency, Its Mission And Population Served:

Anticipated Activities:

1. Please list/describe any clinical/direct service activities and the approximate percentage of time a student will devote to this area of practice.

2. Please list/describe any social administration activities and the approximate percentage of time a student will devote to this area of practice.

3. Please list/describe any training opportunities available to SSA students through your agency or network.

Educational Approach

1. Please describe the structure of your agency’s approach to supervision including strategies to teach students and further professional development. (e.g., supervision frequency, individual and group, provide reading material, model, observe student and provide feedback, provide readings and case material, videotape of supervisor or student, audio tapes, use of process recordings)

2. What theoretical or evidence-based approaches do you/your agency use?

3. Please describe the evaluation/outcome measures or instruments you/your agency uses to evaluate your services, including therapy/counseling services. Please list any research opportunities students may have in your setting. (This not only includes formal research projects but less formal methods of data gathering including case review processes; service delivery evaluation procedures; satisfaction surveys; needs assessment, program evaluation, etc.)

4. How will the agency/field instructor approach addressing social justice issues as part of the student’s learning?
To ensure that a student meets your requirements, please place an “X” in the boxes listed below for all that apply.

Type of student you can accommodate: (Please check all that apply)

[ ] 1st Year (Core) – placement must provide some opportunities for clinical experience
[ ] Clinical 2nd Year
[ ] Social Administration 2nd Year
[ ] Combined Clinical and Social Administration 2nd Year
[ ] Extended Evening Student (8 hours per week for an extended period, day or evening availability).

[ ] 1st Year Core
[ ] Social Admin. 2nd Year
[ ] Clinical 2nd Year
[ ] Combined Clinical and Social Admin.

Hours/Duration of Field Placement

[ ] October – June (Academic Calendar)
[ ] Summer or Early Start – (please specify dates): ________________
[ ] Summer Block Placement - typically 30-40 hours per week for 16 weeks
[ ] Evening hours with supervision available. Please specify times: ________________

Prerequisites if Any:

[ ] Car is necessary
[ ] Special orientation or training prior to the student beginning work with clients
  Please describe: ____________________________________________
[ ] Medical tests:
  TB____ HIV____ HBV____ General Immunizations____ Drug Screen____
  Other: please specify: ____________________________________________
[ ] Legal background check
[ ] DCFS Screening
[ ] Liability Insurance
[ ] Language (e.g. Spanish, please specify) __________________________
[ ] Domestic Violence Training – Provided by agency? Yes _____ No _____
[ ] Rape Victim Training - Provided by agency? Yes _____ No _____
[ ] Fingerprinting
[ ] Other:

Stipends:

[ ] Yes - stipend offered
[ ] No stipend available

Number of SSA students you will accept: [ ]