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**Field Agency Profile**

**(Please Save to your computer, then type information into form fields and check boxes;**

**fields will expand to hold your text.)**

1. **Name of Agency/Program:**
2. **Phone number:**       **Fax:**
3. **Email:**

4. **Mailing address:** Street or P O Box:       City:       State:       Zip:

5. **Location (if different from mailing address):**

6. **Administrator:**

1. **Contact for placements (if not administrator):**

**Phone number:**       **Email:**

1. **Briefly describe agency function/mission:**

9. **Fields of Practice (check all that apply):**

Aging/gerontology  Health care/wellness

Child welfare  Mental health

Community organization/advocacy  Public welfare

Corrections/courts/justice  School Social Work

Disabilities  Substance misuse/addiction

Employment/occupational

10. **Primary Interventions (check all that apply):**

Behavior modification Individual therapy

Casework/case management/I&R Marital/relationship therapy

Crisis intervention Play/activities therapy

Family therapy Policy/program development/legislative

Grief/bereavement therapy Solution-focused/task centered therapy

Group therapy/psycho-education Spiritual counseling

Trauma recovery therapy

11. **Agency Policy:**

a. Working Hours:       Nights? **Yes**  **No**  Weekends? **Yes**  **No**

b. Is a car required? **Yes**   **No**

c. Does agency reimburse mileage? **Yes**  **No**

d. Does agency offer any stipends? **Yes**  **No**

12. Does your agency require that student(s) have a physical examination or other health related tests/documentation prior to placement? **Yes**  **No**

(If yes, please describe)

1. Does your agency require that student(s) pass a KBI screening? **Yes**  **No**

If yes, who pays for the screen?      

14. The Council on Social Work Education accreditation policy requires social work education programs to operate within the policy of a policy that prevents discrimination on the basis of race, color, age, sex, religion, ethnic origin, disability, political or sexual orientation. Can your agency operate under this policy in regard to accepting students? **Yes**  **No**

15. **Agency accommodations (check all that apply):**

Accessibility for students with disabilities (describe):

Desk  Phone Computer Typewriter

Clerical support

Private office space  Shared office space with private interview space

16. **Student learning experiences available (check all that apply):**

Assessment  Use of DSM-IV

Direct intervention: individuals  Direct intervention: families

Direct intervention: groups  Videotaping of interventions

Interagency meetings/coordination  In-services/training

Specialized writing (grants, etc.)  Public speaking

17. Will your agency support the field instructor by adjusting the workload to allow supervision time and time for meetings with faculty liaison and supervisory training? **Yes**  **No**

18. Does your agency provide a formal orientation for students?  **Yes**  **No**

19. The Washburn Program prefers that at least two students be placed at an agency and usually requires two consecutive semesters. Are there any special preferences that you have for a student placed in your agency?

1. A current MSW license and at least two years of licensed MSW practice experience is required for field instructors of MSW students. Can your agency meet this requirement?  **Yes**  **No**

21. A current BSW license and at least two years of licensed BSW practice experience is required for field instructors of BSW students (or a LMSW with one year licensed practice experience). Can your agency meet this requirement?  **Yes**  **No**

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**Signature of** **Agency Administrator** **Date**

**Please complete the Agency Profile form, then print, sign and date, and return to:**

Director of Field Practicum

Department of Social Work

Washburn University

1700 SW College Ave

Topeka, KS 66621

785-670-1616