

**Department of Social Work
Washburn University
FIELD AGENCY PROFILE**

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:** _____

7. **Contact for Placements (if not administrator):** _____

Phone Number:(____) _____ **Email:** _____

8. **Briefly Describe Agency Functions/Mission:** _____

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

- | | |
|--|--|
| <input type="checkbox"/> Aging/gerontology <input type="checkbox"/> Child welfare <input type="checkbox"/> Community organization/advocacy <input type="checkbox"/> Corrections/courts/justice <input type="checkbox"/> Disabilities <input type="checkbox"/> Employment/occupational | <input type="checkbox"/> Health care/wellness <input type="checkbox"/> Mental health <input type="checkbox"/> Public welfare <input type="checkbox"/> School Social Work <input type="checkbox"/> Substance misuse/addiction <input type="checkbox"/> _____ |
|--|--|

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

- | | |
|---|---|
| <input type="checkbox"/> Behavior modification <input type="checkbox"/> Casework/case management/I&R <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Family therapy <input type="checkbox"/> Grief/bereavement therapy <input type="checkbox"/> Group therapy/psycho-education <input type="checkbox"/> Trauma recovery therapy | <input type="checkbox"/> Individual therapy <input type="checkbox"/> Marital/relationship therapy <input type="checkbox"/> Play/activities therapy <input type="checkbox"/> Policy/program development/legislative <input type="checkbox"/> Solution-focused/task centered therapy <input type="checkbox"/> Spiritual counseling <input type="checkbox"/> _____ |
|---|---|

11. **Agency Policy:**

- a. Working Hours _____ Nights? **Y N** Weekends? **Y N**
- b. Is a car required? **Y N** _____
- c. Does agency reimburse mileage? **Y N** _____
- d. Does agency offer any stipends? **Y N** _____

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) _____
13. Does your agency require that student(s) pass a KBI screening? If yes, who pays for the screen? **Yes No** _____
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 _____
 _____ 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 _____ Video taping 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?

20. 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**

 Signature of **Agency Administrator**

 Date

**Please return to: Director of Practicum; Social Work Department
 Washburn University; 1700 SW College Ave; Topeka KS 66621**