**OHIO UNIVERSITY SOCIAL WORK PROGRAM**

**CONTINUATION PROPOSAL FORM**

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| STUDENT NAME:ADDRESS:TELEPHONE NUMBER:EMAIL: | DATE: |
| AGENCY NAME:ADDRESS (location where the student is practicing):TELEPHONE NUMBER: |
| NAME OF FOUNDATION FIELD INSTRUCTOR:CREDENTIALS (DEGREES AND LICENSES):TELEPHONE NUMBER:EMAIL: |
| NAME OF PROPOSED ADVANCED FIELD INSTRUCTOR:CREDENTIALS (DEGREES AND LICENSES):TELEPHONE NUMBER:EMAIL: |

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| NAME OF THE TEAM THAT THE STUDENT CURENTLY WORKS WITH AS A FOUNDATION OR AS AN UNDERGRADUATE STUDENT: |

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| CURRENT POPULATION THAT THE STUDENT WORKS WITH AS A FOUNDATION OR UNDERGRADUATE STUDENT:  |

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| ROLES, RESPONSIBILITIES, AND SKILLS: In this box, provide a complete description of the roles you took and the activities you participated in, pertaining to generalist practice, as a foundation or undergraduate student, commensurate with the practice behaviors for that level:What skills did you acquire? |

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| NAME OF THE TEAM THAT THE STUDENT PLANS TO WORK WITH FOR THE ADVANCED PLACEMENT: |

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| POPULATION THAT THE STUDENT PLANS TO WORK WITH AS AN ADVANCED STUDENT:  |

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| ROLES, RESPONSIBILITIES, AND SKILLS: In this box, provide a complete description of the roles and learning activities pertaining to advanced clinical practice that you intend to engage in at your agency; such activities are to be commensurate with the advanced practice behaviors set forth in this manual. These learning activities must lead to the ability to respond independently to a variety of practice situations, utilizing advanced clinical knowledge and skills. |

SIGNATURE AND DATES:

Signature indicates agreement and commitment to the proposal.

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| STUDENT: | DATE: |
| CURRENT FIELD INSTRUCTOR: | DATE: |
| PROPOSED ADVANCED FIELD INSTRUCTOR: | DATE: |
| CURRENT FIELD LIAISON: | DATE: |
| FIELD EDUCATION DIRECTOR: | DATE: |