**OHIO UNIVERSITY SOCIAL WORK PROGRAM**

**EMPLOYMENT-BASED FIELD INSTRUCTION PROPOSAL FORM**

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| STUDENT NAME:ADDRESS:TELEPHONE NUMBER:EMAIL: | DATE: |
| INDICATE PROGRAM LEVEL: UNDERGRAD FOUNDATION ADVANCED |
| AGENCY NAME:ADDRESS (location where the student is practicing):TELEPHONE NUMBER: |
| EMPLOYMENT SUPERVISOR NAME:CREDENTIALS (DEGREES AND LICENSES):TELEPHONE NUMBER:EMAIL: |
| PROPOSED FIELD INSTRUCTOR NAME:CREDENTIALS (DEGREES AND LICENSES):TELEPHONE NUMBER:EMAIL: |

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| NAME OF TEAM STUDENT CURRENTLY WORKS WITH AS AN EMPLOYEE: |
| CURRENT POPULATION STUDENT WORKS WITH AS AN EMPLOYEE: |

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| CURRENT EMPLOYMENT DESCRIPTION (In this box, provide a complete description of the roles and responsibilities that the student performs at the agency as an employee): |
| Indicate below the days and hours designated for continuing employment: |
| Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |

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| NAME OF TEAM STUDENT WILL WORK WITH FOR FIELD PLACEMENT: |
| POPULATION STUDENT WILL WORK WITH FOR FIELD PLACEMENT: |

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| PROPOSED FIELD PLACEMENT DESCRIPTION (In this box, provide a complete description of the proposed projects, activities, and roles for the student’s fieldwork; these must be different from employment responsibilities and congruent with the level-specific practice behaviors): |
| Indicate below the days and hours designated for engaging in fieldwork: |
| Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |

SIGNATURE AND DATES:

Signature indicates agreement and commitment to the proposal.

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| STUDENT: | DATE: |
| CURRENT EMPLOYMENT SUPERVISOR: | DATE: |
| PROPOSED FIELD INSTRUCTOR: | DATE: |
| FIELD LIAISON: | DATE: |
| FIELD EDUCATION DIRECTOR: | DATE: |