**OHIO UNIVERSITY SOCIAL WORK PROGAM**

**FIELD PRACTICUM PREFERENCE FORM**

**FOR ACADEMIC YEAR: 20**

|  |
| --- |
| STUDENT’S CAMPUS: |

|  |
| --- |
| STUDENT’S NAME: |
| ADDRESSES (LOCAL FOR NEXT YEAR AND PERMANENT): |
| PHONE: |
| OU EMAIL: |

PROGRAM (CHECK ONE): ☐ UNDERGRADUATE ☐ FOUNDATION ☐ ADVANCED

LIST YOUR PRACTICUM SELECTIONS IN ORDER OF PREFERENCE (details are important!):

|  |  |  |
| --- | --- | --- |
| NUMBER | AGENCY NAME, PROGRAM/TEAM OR BRANCH OFFICE NAME & ADDRESS  (Use the address where you will be serving!) | CONTACT PERSON (see note below)  (NAME, CREDENTIALS, PHONE, EMAIL) |
| 1 |  |  |
| ☐ I am seeking an employment-based placement at this agency.  ☐ The placement will be a continuation placement at the same agency as my UG or foundation placement.  ☐ I will be receiving a stipend or payment for these placement hours. | | |
| 2 |  |  |
| ☐ I am seeking an employment-based placement at this agency.  ☐ The placement will be a continuation placement at the same agency as my UG or foundation placement.  ☐ I will be receiving a stipend or payment for these placement hours. | | |
| 3 |  |  |
| ☐ I am seeking an employment-based placement at this agency.  ☐ The placement will be a continuation placement at the same agency as my UG or foundation placement.  ☐ I will be receiving a stipend or payment for these placement hours. | | |

NOTE: INDICATE IF THIS PERSON IS NOT GOING TO BE THE FIELD INSTRUCTOR BUT ANOTHER PERSON WILL BE ASSIGNED.

COMMENTS (Include a listing of any agencies you visited which are not in the above list; add comments pertaining to scheduling issues, transportation issues, etc.):

|  |
| --- |
| STUDENT SIGNATURE AND DATE: |
| FIELD LIAISON SIGNATURE AND DATE: |

Internal use:

☐ Augmented Field Instructor ☐ Continuation

☐ Employment-based ☐ UPP

☐ Paid placement ☐ Advanced Standing

CSWE Category: Field Liaison:

Student assigned to: Revised 10/7/15