

A. FIELDWORK INSTRUCTOR INFORMATION FORM

Date: _____

Name: _____

Job Title: _____

Telephone (Office): _____

Office e-mail: _____

Year of initial employment at this agency: _____

Name of Agency and or Unit: _____

Address: _____

Supervisor and or Agency Director: _____

Brief job description:

MN Licensed Social Worker?

_____ **Yes** _____ **No**

_____ **LSW** _____ **LISW**

_____ **LGSW** _____ **LICSW**

Ethics violations? _____ **Yes** _____ **No**

If yes, please explain outcome:

Undergraduate school experience:

School: _____

Address: _____

Major(s): _____ **Minor(s):** _____

Degree: _____ **Year of Graduation:** _____

Graduate school experience:

School: _____

Address: _____

Degree: _____ Year of Graduation: _____

Specialization(s): _____

I am ___ am not ___ willing to talk to other students about my graduate school experience.

Other Professional Work Experience

Agency: _____

Address: _____

Supervisor: _____

Job Title: _____

Employed from _____ to _____ Full/Part-time _____

Brief job description

Agency: _____

Address: _____

Supervisor: _____

Job Title: _____

Employed from _____ to _____ Full/Part-time _____

Brief job description

List social work or related professional organizations in which you have membership. Circle the ones in which you are an active member.

Which of the above, if any, have fall semester meetings (please list).

My signature affirms my agreement to provide direct supervision to any social work student place with me in my agency. In summary,

I will:

- Accept students for field instruction without regard to race, gender, ethnicity, culture, class, religion, national origin, age, physical or mental ability, sexual orientation, public assistance status or geographic location.
- Attend Program's orientation and training sessions on supervision.
- Provide weekly supervision and on-going evaluation of the student.
- Participate in evaluation meetings with the student and the Field Coordinator as requested throughout the practicum.
- Notify the Field Coordinator of any problems or questions as soon as they become evident.

Signature

Date