

**ADELPHI UNIVERSITY
SCHOOL OF SOCIAL WORK
Field Education Department
Garden City, NY 11530
Phone: 516-877-4375 Fax: 516-877-4376**

FIELD INSTRUCTION AGENCY – APPLICATION FORM

AGENCY NAME: _____

DIVISION: _____

Name/ Title of Agency Director: _____

Address: _____ Phone: (____) _____

_____ Fax #: (____) _____

_____ E-Mail: _____

Name/Title of Educational Coordinator: _____

(Person who serves as main contact to Adelphi)

Educational Coordinator's Phone #: (____) _____ Ext. _____

Email: _____

Name of Field Instructor	E-mail Address	Site for Field Assignment	MSW YR/SCHOOL	NYS SW License Y or N	SIFI YR/SCHOOL	New to Adelphi

Description of Agency:

Agency Auspices: [] voluntary/non-profit [] private/for-profit [] public [] other _____

Type of Agency (check as many as apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> mental health | <input type="checkbox"/> developmental disabilities | <input type="checkbox"/> forensic |
| <input type="checkbox"/> chemical dependency | <input type="checkbox"/> physical disabilities | <input type="checkbox"/> domestic violence |
| <input type="checkbox"/> health care | <input type="checkbox"/> youth services | <input type="checkbox"/> psychiatric |
| <input type="checkbox"/> occupational | <input type="checkbox"/> community center | <input type="checkbox"/> child welfare |
| <input type="checkbox"/> educational/school | <input type="checkbox"/> geriatric services | <input type="checkbox"/> public welfare |
| <input type="checkbox"/> Other (please specify): _____ | | |

Service Settings (check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> inpatient | <input type="checkbox"/> home-base |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> residential |
| <input type="checkbox"/> day treatment | <input type="checkbox"/> community-based |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Agency Hours of Operation

- | | |
|-----------------|----------------|
| Monday _____ | Friday _____ |
| Tuesday _____ | Saturday _____ |
| Wednesday _____ | Sunday _____ |
| Thursday _____ | |

Agency Services Provided (check as many as apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> individual | <input type="checkbox"/> home visiting | <input type="checkbox"/> committee participation |
| <input type="checkbox"/> family | <input type="checkbox"/> biopsychosocial assessment | <input type="checkbox"/> work with coalitions |
| <input type="checkbox"/> group | <input type="checkbox"/> multi-axial diagnosis | <input type="checkbox"/> psychoeducation |
| <input type="checkbox"/> short-term | <input type="checkbox"/> treatment planning | <input type="checkbox"/> substance abuse monitoring |
| <input type="checkbox"/> long-term | <input type="checkbox"/> crisis intervention | <input type="checkbox"/> grant writing |
| <input type="checkbox"/> milieu treatment | <input type="checkbox"/> interdisciplinary collaboration | <input type="checkbox"/> research |
| <input type="checkbox"/> case management | <input type="checkbox"/> court liaison | <input type="checkbox"/> program development |
| <input type="checkbox"/> community organization | <input type="checkbox"/> information and referral | <input type="checkbox"/> case advocacy |
| <input type="checkbox"/> entitlement advocacy | <input type="checkbox"/> macro practice | <input type="checkbox"/> social action |
| <input type="checkbox"/> Other _____ | | |

Agency Population Served: (Describe the client/consumer population served by the agency (age, gender, socio-economic status, race, religion, ethnicity, sexual orientation, language and culture, etc) :

Agency Census: (Approximate number of clients presently receiving social work services):

___ individual/families ___ groups ___ clients on waiting list ___ average full time (FTE) caseload

Description of Proposed Student Assignments

Micro Practice (check as many as apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> individual | <input type="checkbox"/> advocacy | <input type="checkbox"/> crisis intervention |
| <input type="checkbox"/> family | <input type="checkbox"/> home visiting | <input type="checkbox"/> interdisciplinary collaboration |
| <input type="checkbox"/> short-term | <input type="checkbox"/> biopsychosocial assessment | <input type="checkbox"/> information and referral |
| <input type="checkbox"/> long-term | <input type="checkbox"/> multi-axial diagnosis | <input type="checkbox"/> psychoeducation |
| <input type="checkbox"/> case management | <input type="checkbox"/> treatment planning | <input type="checkbox"/> substance abuse monitoring |

Describe student's primary micro practice assignment: _____

Mezzo (Group) Practice (check as many as apply)

Types of Groups

- short-term
- long term
- milieu treatment
- problem solving
- psychoeducation
- behavioral change

Group Leadership

- sole worker
- co-leadership
- with field instructor
- with other staff
- with other student
- observe only

Group Development

- New Group
- Existing Group
- Student Developed

Describe student's mezzo practice assignment: _____

Macro Practice (check as many as apply)

- public presentations
- work with volunteers
- cause advocacy
- social action/ reform
- work with coalitions
- grant writing
- fund raising
- lobbying
- voter registration
- community education
- resource development
- needs assessment
- inter-org. coordination
- budgeting
- administration
- program development

Describe student's macro practice assignment: _____

Research Opportunities

Describe research opportunities in which students may become involved: _____

Agency Meetings*

Please identify meetings that will be required or recommended for students placed in your agency (e.g. Team Meetings, Case Conferences, Department Meetings, Group Supervision, Grand Rounds, Staff Development, etc.):

*(**please note:** students have complicated academic schedules which need to be considered in determining expectations for participation in agency meetings)

Other Requirements

Does your agency require more than one evening/week? (*please specify*): _____

Does your agency require any of the following (please check all that apply):

- Medical Clearance
- CPS Clearance
- Criminal Background Check
- Resume
- Tuberculosis TB test
- Drug Testing
- Proof of US Citizenship
- Proof of Legal Residence (VISA or GREEN CARD)
- Finger Printing

Any other requirements? _____

Evening and Weekend Student Assignments

If your agency offers an assignment with evening and/or weekend hours to accommodate our experienced employed student population, please specify the following; the evening and weekend days available; required daytime hours(if any); days/hours for supervision:

Additional Information

Does your agency offer fellowships or stipends to students? Yes ___ No ___

Please Detail: _____

Transportation and Access to Agency

Please describe agency location and access to public transportation _____

Please describe agency's access for disabled student's _____

Anticipated Number of Social Work Students for Placement in the Agency

From Adelphi University _____ From other schools of social work _____

Comments (For application purposes, is there any other information we should know about your agency?)

Signature of Educational Coordinator

____/____/____
Date