

**ADELPHI UNIVERSITY
SCHOOL OF SOCIAL WORK
Field Education Division**

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 liaison to Adelphi)

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

Proposed Field Instructors: Please list all field instructor(s) who will be supervising Adelphi students and the field assignment site. Please note whether the field instructor has taken the **SIFI**, the **year and school** where the SIFI was completed and if the field instructor is new to Adelphi.

Name of Field Instructor	Site for Field Assignment	MSW YR/SCHOOL	SIFI YR/SCHOOL	New to Adelphi

I. 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 |

Other (please specify): _____

Service Settings (check as many as apply)

Agency Hours of Operation

- | | | | |
|--|--|-----------------|----------------|
| <input type="checkbox"/> inpatient | <input type="checkbox"/> home-base | Monday _____ | Friday _____ |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> residential | Tuesday _____ | Saturday _____ |
| <input type="checkbox"/> day treatment | <input type="checkbox"/> community-based | Wednesday _____ | Sunday _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | 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 |

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):

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

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

II. DESCRIPTION OF PROPOSED STUDENT ASSIGNMENT(S)

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
- task focused
- socialization

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)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> public presentations | <input type="checkbox"/> work with coalitions | <input type="checkbox"/> voter registration | <input type="checkbox"/> inter-org. coordination |
| <input type="checkbox"/> work with volunteers | <input type="checkbox"/> grant writing | <input type="checkbox"/> community education | <input type="checkbox"/> budgeting |
| <input type="checkbox"/> cause advocacy | <input type="checkbox"/> fund raising | <input type="checkbox"/> resource development | <input type="checkbox"/> administration |
| <input type="checkbox"/> social action/ reform | <input type="checkbox"/> lobbying | <input type="checkbox"/> needs assessment | <input type="checkbox"/> 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 (eg. 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? (detail) : _____

Please detail any pre-placement medical clearance requirements for students placed in your agency:

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:

III. ADDITIONAL INFORMATION

Stipends Can the 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 students _____

Anticipated Number of Social Work Students for Placement in the Agency

From Adelphi University _____ From other schools of social work _____

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

_____/_____/_____
Signature of Educational Coordinator/Liaison to Adelphi Title Date