



Return form to:
 Adelphi University
 School of Social Work
 Office of Field Education
 Garden City, NY 11530

DATE: ___/___/___

AGENCY REQUEST FOR STUDENTS

AGENCY NAME: _____

Director's Name / Phone _____ (____) _____

Educational Coordinator Name/Title: _____
 (Person who serves as agency's liaison to Adelphi)

Coordinator's Address

Coordinator's contact information
Phone: (____) _____
Fax #: (____) _____
E-Mail: _____
Agency Website: _____

- A. Students Requested for the next Academic School Year
 For the 2008-2009 school year we are requesting the following:
- 1. Undergraduate Juniors (7 hrs/week) (#) _____
 - 2. Undergraduate Seniors (14 hrs/week) (#) _____
 Senior Year assignments are comparable to 1st Year
 - 3. First Year Graduates (14 or 21 hrs/week) (#) _____
 - 4. Second Year Graduates (14 or 21 hrs/week) (#) _____
- Total Number of Students Requested** (#) _____

- B. 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:
- 1. Evening/weekend hours available _____
 Specify times for placement in the evening/weekend
 - 2. Required daytime hours (if any) _____
 Specify daytime hours for supervision, meetings, etc.

- C. Agency Hours of Operation
- | | |
|------------------|-----------------|
| Monday: _____ | Friday: _____ |
| Tuesday: _____ | Saturday: _____ |
| Wednesday: _____ | Sunday: _____ |
| Thursday: _____ | |

D. Field Instructors Print all requested information for each field instructor who will be supervising an Adelphi student next year (use additional sheet if necessary)*

INSTRUCTOR #1

Name _____ Program Site _____ Address _____ _____ _____ <hr/> Phone () _____ <u>Email</u> _____	Phone (_____) _____ MSW degree date ____/____/____ SIFI completed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where? _____ If yes, when? _____	Note the number of students at each level for this instructor <input type="checkbox"/> BSW Jr. <input type="checkbox"/> BSW Sr. <input type="checkbox"/> MSW Foundation(1 st yr) <input type="checkbox"/> MSW Advanced(2 nd yr) Total # of students for this Field Instructor _____
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INSTRUCTOR #2

Name _____ Program Site _____ Address _____ _____ _____ <hr/> Phone (_____) _____ <u>Email</u> _____	MSW degree date ____/____/____ SIFI completed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where? _____ If yes, when? _____ Note the number of students at each level for this instructor	<input type="checkbox"/> BSW Jr. <input type="checkbox"/> BSW Sr. <input type="checkbox"/> MSW Foundation(1 st yr) <input type="checkbox"/> MSW Advanced(2 nd yr) Total # of students for this Field Instructor _____
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INSTRUCTOR #3

Name _____ Program Site _____ Address _____ _____ _____ <hr/> Phone (_____) _____ <u>Email</u> _____	MSW degree date ____/____/____ SIFI completed? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where? _____ If yes, when? _____ Note the number of students at each level for this instructor	<input type="checkbox"/> BSW Jr. <input type="checkbox"/> BSW Sr. <input type="checkbox"/> MSW Foundation(1 st yr) <input type="checkbox"/> MSW Advanced(2 nd yr) Total # of students for this Field Instructor _____
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**Field Instructors for Juniors must have a minimum of 2 years post MSW experience. Field Instructors for all other levels must have at least 3 years post MSW experience. All first time Field Instructors must attend a free, 12 session Seminar in Field Instruction concurrent with supervising the student.*

E. Brief description of agency (client population, field of practice) : _____

F. Description of Student Assignment(s)

1. Individual/Family Practice

Describe student's primary individual/family practice assignment: _____

2. Group Practice

Describe student's group practice assignment: _____

3. Community Intervention/Macro Practice

Describe student's macro practice assignment: _____

4. Research Opportunities

Describe research opportunities in which students may become involved: _____

G. Other Requirements

Does your agency require:

More than one evening/week? Yes No.....

Full Physical exam: Yes No.....

Tuberculosis (TB) test: Yes No.....

Proof of immunization:..... Yes No.....

Drug testing:..... Yes No.....

Proof of US citizenship:..... Yes No.....

Proof of legal residence(ie:student Visa or Green card): .. Yes No.....

State central registry child abuse clearance: Yes No.....

Criminal background check:..... Yes No

Finger Printing:..... Yes.....No.....

Other requirements or considerations for placing students at your agency: _____

H. Transportation and Access to Agency

Please describe agency access to public transportation: _____

Signature of Educational Coordinator/Agency Representative to Adelphi

Title

____/____/____
Date

