

**ALABAMA A&M UNIVERSITY
UNDERGRADUATE SOCIAL WORK PROGRAM**

Field Agency Information Form

Date: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Area Code () _____ Fax: _____

Does the agency have more than one location? ____ yes ____ no

If so, list address of each:

Date of Visit: _____ Site Visitor: _____

Met with: _____ Title: _____

Name of Agency Director and Director of Social Work

Agency philosophy and/or practice orientation:

Agency purpose, function:

Agency funding base:

Number of MSW's eligible (based on BSW Program criteria) to provide field instruction: _____

How many are available? _____

What expensed might students have at the agency which are not reimbursed? (e.g. travel, supplies, parking): _____

Does the agency have sufficient space for students? _____yes _____no

Is parking available? _____yes _____no

Does the agency provide in-service training? _____yes _____no

What educational/training aids are available? _____

Are other students in placement? _____yes _____no

If yes, what university _____

and what discipline(s)? _____

Is the agency ethnically and culturally diverse? Staff: _____yes _____no

Clients _____yes _____no

Is the agency suitable for Entry Level Generalist Practice _____yes _____no

Does the agency understand requirements

_____ hours in field _____ amount of direct client contact

_____ Macro/micro experiences _____ vacation policy

_____ learning agreement _____ process recordings

_____ Liaison Visits _____ ethnic and cultural diversity

_____ weekly individual supervision _____ group experiences

FOR OFFICE USE ONLY

Recommendations: _____ use _____ do not use (explain)

