**University of Wisconsin—Stevens Point**

Department of Sociology & Social Work

Field Education/Internship Program

Field Agency Data Form

*(To be completed by prospective Field Supervisor)*

This form is used by the UWSP Social Work Program to gather information on prospective field agencies. The information is examined to determine what types of student opportunities are available through the agency, the background of supervisors who will work with students, and any special considerations the program needs to be aware of in placing students. This form will be updated every three years, since agency opportunities and staffing may change over time. Please fill in the following information as completely as possible and return to Jess Bowers at [jbowers@uwsp.edu](mailto:jbowers@uwsp.edu). Thank you for your commitment to social work education, our program, and the particular student(s) you have agreed to supervise.

Completed By: Click here to enter text. Date: Click here to enter text.

***Basic Contact Information***

Agency Name: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Fax: Click here to enter text.

***Agency Director/Executive***

Name: Click here to enter text.

Title: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

***Primary Student Supervision***

*(Please indicate the person who will assume primary responsibility for supervising the social work student.)*

Name: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Job Title: Click here to enter text.

Education *(Degree(s), Year(s) Earned, and Institution(s) Attended)*: Click here to enter text.

Special Credentials *(for example CSW, LCSW):* Click here to enter text.

Length of Time in Current Position: Click here to enter text.

Length of Time in Social Service Field: Click here to enter text.

Other Relevant Positions Held: Click here to enter text.

***Secondary Student Supervision (if applicable)***

*(Please indicate the person who will assume secondary responsibility and spend considerable time with student. If not applicable, please leave blank.)*

Name: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Job Title: Click here to enter text.

Education *(Degree(s), Year(s) Earned, and Institution(s) Attended)*: Click here to enter text.

Special Credentials *(for example CSW, LCSW):* Click here to enter text.

Length of Time in Current Position: Click here to enter text.

Length of Time in Social Service Field: Click here to enter text.

Other Relevant Positions Held: Click here to enter text.

***Available Practice Opportunities***

*Please check which levels of practice are available to students placed in this program. Please check all that apply, and provide description beneath if desired.*

Community

*(Examples: community education, community organizing, collaboration/networking, community assessment, community outreach, community coalition/committee work, legislative lobbying/advocacy)*

Organizational

*(Examples: administration, budgeting, grant writing, program evaluation, program development, research)*

Group Work

*(Examples: support group facilitation, task group participation)*

Family

*(Examples: family assessment, family intervention, family meetings, family education/training)*

Individual

*(Examples: advocacy, assessment, case management, counseling, crisis intervention, discharge planning, education/training, information & referral, prevention)*

***Describe if desired****:* Click here to enter text.

***Client Population***

Please describe the client populations served by your organization:

*(Examples: adults with developmental disabilities, school-aged children, adults with chronic mental health issues, women who have experienced domestic violence, youth involved in juvenile justice system)*

***Client Population(s)***: Click here to enter text.

Please check the ethnic background of clients served by your program:

African American  American Indian/Native American

Asian/Pacific Islander/Hmong  Caucasian

Chicano/Mexican American/Hispanic  Other  *please describe:* Click here to enter text.

***Other Considerations***

Does this program require students to travel using their own vehicles? Y  N

Does this program require students to have a valid driver’s license? Y  N

Does this program require students to carry any form of special insurance? Y  N

*If yes, please describe:* Click here to enter text.

Does the program require students to complete any special health screening? Y  N

*If yes, please describe:* Click here to enter text.

Does this program require students to complete a background check? Y N

*If yes, does agency provide?* Click here to enter text.

Please list any other special considerations or information related to placing students: Click here to enter text.