## **University of Maine School of Social Work**

## **STUDENT & FIELD PLACEMENT INFORMATION**

| Students are to fill out all sections of this form before returning to Elaine O'Leary  |                       |            |                  |                      |                |      |  |
|--|-----------------------|------------|------------------|----------------------|----------------|------|--|
| STUDENT INFORMATION:<br>Name :   |                       |            |                  |                      |                |      |  |
|  |                       |            |                  |                      |                |      |  |
| Address:   |                       |            |                  |                      |                |      |  |
| Home phone:<br>Dates of semesters in field:  | Cell phone:           |            |                  |                      |                |      |  |
| Dates of semesters in field:   | Course: SWK 495       | 595        | 695 (circle one) |                      |                |      |  |
| On FirstClass?Yes (listed as   | )                     | No         |                  |                      |                |      |  |
| If no, other email address:  |                       |            |                  |                      |                |      |  |
| Days you are generally in field:   |                       | -          |                  |                      |                |      |  |
| ***************************************  |                       |            |                  |                      |                |      |  |
| FIELD PLACEMENT INFORMATION:   |                       |            |                  |                      |                |      |  |
| Practicum Agency (Please give the official name):<br>Department (if applicable)<br>Address (Both mailing and physical address if different): |                       |            |                  |                      |                |      |  |
|  |                       |            |                  | Agency phone number: | Agency fax num | her: |  |
|  |                       |            |                  |                      |                |      |  |
| Field Instructor or On-site Supervisor   |                       |            |                  |                      |                |      |  |
| (please list credentials of t  | hose supervising you) |            |                  |                      |                |      |  |
| Field Instructor or On-site supervisor's dire  | ect number & extens   | ion:       |                  |                      |                |      |  |
| Field Instructor or On-site supervisor's em  | ail address:          |            |                  |                      |                |      |  |
| Is the agency based field instructor/ on-sit   | e supervisor an MSW   | / (for stu | udents in the    |                      |                |      |  |
| MSW program) or BSW or MSW (for stude  | ents in the BSW prog  | am) ?      |                  |                      |                |      |  |
| Yes No   |                       |            |                  |                      |                |      |  |
|  |                       |            |                  |                      |                |      |  |
| <u>If NO:</u>  |                       |            |                  |                      |                |      |  |
| For those who may have secondary supervision the Field Instructor is contracted and NOT an en  |                       | -          |                  |                      |                |      |  |
| Instructor's name and credentials  |                       |            |                  |                      |                |      |  |
| Field Instructor (if applicable):  |                       |            |                  |                      |                |      |  |
| Mailing address  |                       |            |                  |                      |                |      |  |
| Telephone:   |                       |            |                  |                      |                |      |  |
| E-mail address:  |                       |            |                  |                      |                |      |  |
|  |                       |            |                  |                      |                |      |  |

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## **Student and Field Placement Information**

To determine which memorandum of agreement (MOA) to use, please place a check mark after one of the following statements:

Normal Memorandum of Agreement: I am not receiving a stipend or wage for my field placement. \_\_\_\_\_

I am an employee at my field placement but I am not getting paid. \_\_\_\_\_

I am an employee at my field placement and I am getting paid while I do my field placement hours. \_\_\_\_

I am not an employee at my field placement but, I do receive a stipend from my agency. \_\_\_\_\_

Please email to Elaine Oleary on First Class. Thanks!