**Alternative Field Practicum Plan**

**West Chester University – MSW Program**

**STUDENT’S NAME:** Click or tap here **Year:** Generalist

**Agency Name:** Click or tap here to enter text.

**Field Instructor Title:** Click or tap here to enter text.

**Field Instructor Email Address:** Click or tap here to enter text.

**Field Instructor Phone Number:** Click or tap here to enter text.

**Task Supervisor (if applicable) Name:** Click or tap here to enter text.

**Task Supervisor Email Address:** Click or tap here to enter text.

**Task Supervisor Phone Number:** Click or tap here to enter text.

**Student’s Alternative Assignment(s)**

Click or tap here to enter text.

**Arrangements for Daily Supervision and Weekly Field Instruction:** Please be sure to address supervision plans to stay in accordance with program requirements (e.g. task supervision should be completed daily, as well as one hour per week field instruction with student’s identified field instructor). Please also include method for providing supervision and time. (e.g. Our weekly supervision will be Monday at 3pm via Facetime).

Click or tap here to enter text.

**Practicum Schedule**

|  |  |  |
| --- | --- | --- |
| **Day of Week****(e.g. – Monday)** | **Hours of Day****(e.g. – 9am – 5pm)** | **Hours per Day****(e.g. – 8 hours)** |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
| Select day | Click or tap here to enter text. | Click or tap here |
|  | **Total Hours/Week\*:** | Click or tap here |

***\*MUST be at least 16 hours/week for generalist year students.***

***\*MUST be at least 18 hours/week for specialized year students.***

Signatures below indicate knowledge of and agreement with the plan described above (electronic signatures are acceptable if attached to an email):

Student Date

Field Instructor Date

Field Faculty Liaison Date

Director of Field Education Date