

Student Information:

Name: _____ Date: _____ Status, Fall 2014: Foundation MCCP MCMP
Address: _____ City: _____ State: _____
Zip: _____
Phone 1: _____ Phone 2: _____ Email: _____

My Field Assignment for this year:

Agency Name:

Address: _____ City: _____ State: _____
Zip: _____

Phone: _____ Fax: _____ Website: _____

Are you an employee of this agency? Yes No

Placement Start Date (as agreed to by student and Field Instructor):

Field Instructor (licensed MSW required):

Name: _____ Degree, Licensure _____

Phone: _____ Email: _____

Task Supervisor (if applicable):

Name: _____ Degree, Licensure _____

Phone: _____ Email: _____

Agency Contact (if applicable):

Name: _____ Title _____

Phone: _____ Email: _____

Brief description of assignments/tasks, as agreed to with Field Instructor: *(Attach additional pages as necessary)*

Please check one:

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Alcohol, Drug, or Substance Abuse |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Criminal Justice/Corrections | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Community Planning | <input type="checkbox"/> Family Services | <input type="checkbox"/> Domestic Violence or Crisis Intervention |
| <input type="checkbox"/> Group Services | <input type="checkbox"/> Health | <input type="checkbox"/> Housing Services |
| <input type="checkbox"/> Military Social Work | <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> International (Immigrants, Refugees) |
| <input type="checkbox"/> Occupational | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Mental Health or Community Mental Health |
| <input type="checkbox"/> School Social Work | <input type="checkbox"/> Social Policy | <input type="checkbox"/> Public Assistance/Public Welfare |
| <input type="checkbox"/> Other _____ | | |

Return to Erika McCreedy, mccreedy@augsborg.edu, CB 51, or fax 612-330-1493