

**BRIDGEWATER STATE UNIVERSITY
SOCIAL WORK FIELD EDUCATION**

Field Agency Profile

Date: ____/____/____

Program Information

Agency Name: _____

Program Name: _____

Program Address: _____

City: _____ **State:** _____ **Zip:** _____

Web Site: _____

Field Placement

Contact Person: _____ **Phone:** _____

Fax: _____ **email:** _____

Field Instructors:

	Name	Degree	License	Phone
1.				
2.				
3.				
4.				

Placement Levels (please indicate how many students of each level your agency can accommodate)

MSW

First Year _____

Second Year _____

BSW

Junior Year _____

Senior Year _____

Does your agency offer stipends to social work students? Yes No

If yes, amount and conditions:

Do you have hours available to students on evenings and weekends? Yes No

Is a car required to perform the duties associated with placement? Yes No

If yes, do you reimburse for mileage? Yes No

Is your agency accessible by public transportation? Yes No

Are there any required screenings (i.e. CORI, TB test, etc)? Yes No

If yes, please specify

Auspices

Private for-profit

Private non-profit

Public – local gov't

Public – state government

Other

Agency Type (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Criminal Justice |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Occupational/Industrial SW |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Community Planning | <input type="checkbox"/> Developmental Disability |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> MSW Program Social Work | <input type="checkbox"/> Family Services |
| <input type="checkbox"/> Health | <input type="checkbox"/> Public Welfare | <input type="checkbox"/> Other (please specify) |

Agency Setting:

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Community Based | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Other (please specify) | |

Client Population

- | | | |
|-----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Women | <input type="checkbox"/> Men |

Modalities

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individuals | <input type="checkbox"/> Families | <input type="checkbox"/> Groups |
| <input type="checkbox"/> Communities | <input type="checkbox"/> Organization | <input type="checkbox"/> Legislature |
| <input type="checkbox"/> Professional Coalitions | | |

Program Offerings

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Adoption | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Corrections | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Crises Intervention | <input type="checkbox"/> Education | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Hospice | <input type="checkbox"/> Housing |

Legal

Legislative Work

Mental Health

Planning

Policy

Poverty

Program Development

Rehabilitation

Substance Abuse

Other (specify)

Narrative Program Description (Describe agency setting and services offered. Describe learning opportunities and placement activities available to students.)

Return to:
Marcia Tarr, Administrative Assistant I
Master of Social Work Program
School of Social Work
Bridgewater State University
95 Burrill Avenue
Bridgewater, MA 02325