

10. What geographical part of town do you live in? (please check one that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> East Houston | <input type="checkbox"/> Northwest Houston | <input type="checkbox"/> Woodlands/Conroe |
| <input type="checkbox"/> Southeast Houston | <input type="checkbox"/> Medical Center | <input type="checkbox"/> Katy |
| <input type="checkbox"/> Northeast Houston | <input type="checkbox"/> Downtown | <input type="checkbox"/> Galveston |
| <input type="checkbox"/> Inside the Loop | <input type="checkbox"/> Clear Lake/Pasadena | <input type="checkbox"/> Austin |
| <input type="checkbox"/> West Houston | <input type="checkbox"/> Sugar Land/Richmond | <input type="checkbox"/> Beaumont |
| <input type="checkbox"/> Southwest Houston | <input type="checkbox"/> Kingwood/Humble | <input type="checkbox"/> Other, please specify _____ |

11. Many of our affiliated agencies have begun to require criminal background checks and drug screenings of all potential employees and student interns. If you have any concern about these procedures, please see the Director or Associate Director of Field Education. I have read this item _____ Yes _____ No

COMPLETE ATTACHED "BRIEF BIOGRAPHICAL STATEMENT" FORM. YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT ATTACHED AND COMPLETE. (DO NOT ATTACH A RESUME)

Student Signature

Date

Director of Field Education Signature

Date

FOR FIELD OFFICE USE ONLY

AGENCY

FIELD INSTRUCTOR

DATE REFERRED

ADVANCED STANDING STUDENTS ONLY

A. Please describe your undergraduate field placements below. Be specific.
Do not leave any questions unanswered.

1. Agency: _____
Program Name: _____
Field Instructor: _____
Dates of Placement: _____
Number of Semesters: _____
Number of Hours Per Semester: _____
Total Number of Hours: _____

Describe your duties:

Did you have responsibility for your own clients? _____ Y _____ N
If so, approximately how many? _____

2. Agency: _____
Program Name: _____
Field Instructor: _____
Dates of Placement: _____
Number of Semesters: _____
Number of Hours Per Semesters: _____
Total Number of Hours: _____

Describe your duties:

Did you have responsibility for your own clients? _____ Y _____ N
If so, approximately how many? _____

CRITICAL FIELD EDUCATION POLICIES

1. I understand that I must attend the required Field Orientation prior to beginning the first field practicum course I take at the GCSW. I have received and read the information regarding the date and time of the next scheduled Field Orientation.

Student Signature

Date

2. I understand that a student will be terminated from the program if he/she is unable to secure a field placement after three (3) interviews each of which results in a documented violation of student standards.

Student Signature

Date

3. I understand that field practicum hours must be completed during normal business time, Monday through Friday, 8:00 a.m. – 5:00 p.m.

Student Signature

Date

4. I understand that students are required to purchase professional liability insurance prior to enrolling in field practicum courses. I have completed an insurance eligibility form and authorization for the cost of the insurance to be included on my University fee bill.

Student Signature

Date

5. I understand that if I am absent from field without notifying my field instructor more than one time, my field placement will be terminated and a grade of Unsatisfactory will be assigned.

Student Signature

Date