

10. First Year Field Placement:

Agency: _____
Program Name: _____
Field Instructor: _____
Dates of Placement: _____

11. Did you attend the Field Agency Marketplace in April? ____ Yes ____ No.
If yes, answer questions 12 and 13. If no, answer only question 14.

12. List agencies with which you have scheduled interviews at the Marketplace.

<u>AGENCY</u>	<u>PROGRAM NAME</u>
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____

13. List the agencies not at the Marketplace and with whom you wish to interview.

<u>AGENCY</u>	<u>PROGRAM NAME</u>
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____

14. I did not attend the Field Agency Marketplace. Below are agencies in which I am interested.

A. _____
B. _____
C. _____
D. _____
E. _____

15. List any special conditions or limitations to be considered in arranging your field placement.

16. 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 Field Education. **I have read this item.** _____ **Yes** ____ **No**

Student Signature Date: _____

Director of Field Education Signature Date: _____

FOR FIELD OFFICE USE ONLY

AGENCY

FIELD INSTRUCTOR

DATE REFERRED

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 I am not to contact community agencies directly. I will be referred to agencies only by the Office of Field Education or by arranging an appointment during the Field Agency Marketplace.

Student Signature

Date

3. 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

4. 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

5. 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

6. 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