

# **FIELD FORMS**

- Agreement of Cooperation
- Agency Data Form
- Field Instructor Data Sheet
- Agency Description Form



AGREEMENT OF COOPERATION REGARDING FIELD PLACEMENT  
FOR GRADUATE SOCIAL WORK STUDENTS

- I. Between the parties Kean University (hereinafter referred to as the School) and the <<Name of Agency>> (hereinafter referred to as the Agency). <<Address of Agency>>
- II. This agreement becomes effective on \_\_\_\_\_ and shall continue for a period of three years, subject to the right of either party to cancel this agreement at the expiration of any semester upon giving ninety (90) days written notice of such cancellation to the other party.
- III. It is agreed that the School and the Agency share a common goal and commitment to maximize the student's learning experience through joint participation in linking classroom learning with practice activities to prepare social workers to help individuals within various size systems to solve problems and to adequately function in society.
- A. The School agrees to:
1. work with the Agency in providing foundation learning experiences that complement course work in the first year for two days per week for two semesters and in providing advanced or specialized learning experiences for the second year for three days per week for two semesters;
  2. assume the primary responsibility for identification of curriculum content for field instruction and policies and procedures as they relate to the School;
  3. determine the type of placement best suited to the student's educational plan and therefore will assign students accordingly;
  4. arrange placement interviews between the Agency and the student and with the Agency in consultation will make alternate plans to change a student's placement if necessary;
  5. provide the Agency with a certificate evidencing professional liability insurance coverage for both students and or faculty while at the Agency in the amount of two million dollars per occurrence/four million dollar aggregate;

6. monitor the educational learning experience and final grading of the student;
7. provide a faculty field liaison to the Agency who will provide:
  - a. consultation in the development of the Agency's field learning program to make academic content relevant to field practicum;
  - b. interaction throughout with Agency administrators and field instructors to build relationships between the Agency and the School;
  - c. visits to the Agency to evaluate student progress and to review and discuss learning patterns and problems experienced;
  - d. feedback to the School relative to concerns and suggestions regarding School programs and policies, and
8. conduct training seminars in field instruction for administrators and field instructors for professional development.

B. The Agency will:

1. provide qualified field instructors for the supervision and training of student(s) participating in the program;
2. provide a coordinator of Field instruction to coordinate the field experience and to inform the School of any problems or concerns that may affect the student's performance or permanence in that field setting;
3. provide two hours of supervision per week. One of the hours must be on a one to one basis, and the second hour can be an additional hour of one to one, or group supervision; case presentations; in-service training; workshops; grand rounds geared toward case supervision or other educational experiences.
4. provide learning experiences for the student to include orientation to the Agency, its policies and practices and to provide assignments that maximize educational field experiences;
5. provide office space to allow the student to prepare and to work effectively. Provide telephone facilities, clerical support for agency assignments, office supplies and access to Agency records necessary to accomplish field experience assignments;

6. provide access for the field instructor to attend meetings on field instruction at the School during the school year;
7. submit completed evaluations within the MSW program deadline;
8. in consultation with the School determine the number of students to be assigned to the Agency for placement;
9. provide student(s) with reimbursement for travel and Agency expenses, and
10. observe the School Calendar Year, i.e. school holidays and vacations.

C. Both School and Agency agree that student will:

1. adhere to Agency and School policies, procedures, programs and operating standards;
2. complete all required documentation such as process recording, treatment, summary recording and reports as required by the School and field instructor;
3. participate in all weekly conferences with the field instructor and in regular evaluations;
4. be disposed to learn, act professionally and ethically, maintain confidentiality, recognize the client's rights as paramount; and
5. be responsible for the cost of transportation to and from field as the student will not be compensated unless pre-arranged by the Agency and the School.

D. Both parties abide by the provisions of Title VI of the Federal Civil Rights Act of 1964 and by N.J.S.A. 10:5-1, which bar discrimination on the grounds of race, color, national origin, religion, sex, sexual orientation or marital status.

Approved by:

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Agency

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Executive Director

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Director of Social Services

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Date

**Kean University**

School

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Dr. Kenneth Dollarhide, Dean  
College of Arts, Humanities, Social Sciences

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Dr. Alan Lightfoot, Director  
Master of Social Work Program

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Date

## Students Responsibilities for Participation in Field Experience

The Student Agrees to:

1. Adhere to Agency and School policies, procedures, programs and operating standards;
2. Complete all required documentation such as process recording, treatment, summary recording and reports as required by the School and field instructor;
3. Participate in all weekly conferences with the field instructor and in regular evaluations;
4. Be disposed to learn, act professionally and ethically, maintain confidentiality, recognize the clients rights as paramount, and
5. Be responsible for the cost of transportation to and from field as the student will not be compensated unless pre-arranged by the Agency and the School.

I read the above rules and will abide by them.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**MASTER OF SOCIAL WORK PROGRAM**

**AGENCY DATA FORM**

**AGENCY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**EXECUTIVE OR MEDICAL DIRECTOR:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Describe the **Agency's functions and/or services:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide **profile of staff:**

Title	Total Number	Graduate Degree
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Provide **profile of clientele and agency size:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the **kinds of learning experiences that will be available to students:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the field instructor's schedule be adjusted to provide one hour weekly individual supervision? \_\_\_\_\_

\_\_\_\_\_

Will a fellowship or a stipend be available to students? \_\_\_\_\_

\_\_\_\_\_

Will office space and clerical support be made available to students for agency projects?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there be special restrictions or requirements for students? \_\_\_\_\_

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List the names of the local, state and national coordinating and standard-setting organizations of which your agency is a member: \_\_\_\_\_

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What insurance and legal resources are available for students with regard to injury, malpractice, and other hazards? \_\_\_\_\_

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List graduate social work staffs with MSW degree and two years post MSW experience that you consider able to undertake field instruction responsibilities:

Name	Position/Title	Years of Experience in Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the field instructor attended a Seminar Training for Field Instructors (SIFI)? Is your agency willing to have the potential field instructor attend Kean University's SIFI held for first time instructors or those never having attended? This is a 24 hour training which extends over the academic year. CEUs and certificate of completion are available.

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What types of meetings are held at your agency and how often? Please list: \_\_\_\_\_

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Will students be permitted to attend the listed agency meetings? \_\_\_\_\_

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Will students be exposed to the Administrative aspects of your agency's day-to-day operation? \_\_\_\_\_

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Will students be involved in learning situations that will focus on?

1. Group work \_\_\_\_\_

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2. Policy \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The international \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What opportunities will your agency avail to students for them to obtain an understanding of the community in relation to the population served? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any research program undertaken by your agency. Will students be involved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your agency cooperate with other graduate social work programs? If so, please list the name(s) of the school(s) and number of students respectively: \_\_\_\_\_

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**Please include a copy of your annual report and any publicity materials, brochures and/or information about your agency. Also, please have the prospective social work field instructor(s) complete the enclosed Field Instructors Data Sheet.**

**This form was completed by, Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

AF12.doc



**MASTER OF SOCIAL WORK PROGRAM**

**FIELD INSTRUCTOR'S DATA SHEET**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AGENCY** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

Date you began employment \_\_\_\_\_ License held \_\_\_\_\_

**UNDERGRADUATE COLLEGE** \_\_\_\_\_

Date of Attendance \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

**GRADUATE SOCIAL WORK EDUCATION** \_\_\_\_\_

Date of Attendance \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

**OTHER EDUCATIONAL EXPERIENCES** (Workshops, Institutes, Study, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL MEMBERSHIPS** \_\_\_\_\_

**SOCIAL WORK PRACTICE EXPERIENCE** (please list most recent first)

<u>Agency</u>	<u>*Major Function</u>	<u>Position Dates</u>
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\*(e.g. case work, group work, administrative, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEACHING/SUPERVISION OF STUDENTS** (Please list most recent experience first) **AND LEVEL**

<u>School</u>	<u>Dates</u>	<u>No. Of Student &amp; Level</u>
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(Grad. /Undergrad.)

\_\_\_\_\_  
\_\_\_\_\_

**Please add any additional information on reverse side or attach resume.**

**PLEASE RETURN TO:**

Dorothy B. Rowe, ACSW, LSW  
Director of Admissions and Agency Recruitment  
Master of Social Work Program J309L  
**Kean University**  
1000 Morris Avenue, Union, NJ 07083  
Phone (908) 737-4047 Fax (908) 737-4064

## PLEASE NOTE

**The attached *Agency Description* form is essentially divided into three sections.**

- 1) The first is demographic info (Name, address, phone, fax, "**email**", field instructors and their credentials, etc.)
- 2) The second section deals with the agency.
  - \*populations (ie: children/ adults, mentally ill, elderly, sub abuse....)
  - \*purpose, (ie: provide services to court mandated clients referred by court, or DYFS, school referred...)
  - \*hours of operation that will be supervised (ie: M-F 9- 5 or M-TH 9-7, F 9-5... or...)
  - \*opportunities (ie: individual, group, community.....)
  - \*requirements of students (ie: background check, car needed, physical, ...)
- 3) The third section deals with the LCSWs, LSWs who are in the agency and able to provide *clinical supervision* for the MSW Intern. Student Interns can work with and be trained by LSWs and/or task supervisors but all weekly clinical supervision should be done by an LCSW if clinical work is being done by the MSW student (see *Handbook of Statutes & Regulation State Board of Social Work Examiners.*

Please indicate licensure status\*

**Please feel free to call for clarification and thank you for Faxing the attached form to 908 737-4064**  
Kathy Sweeney, Director of MSW Field Education, Kean University  
[ksweeney@kean.edu](mailto:ksweeney@kean.edu)  
908 737-4068 Phone

County \_\_\_\_\_

**KEAN University Agency Description**

**2008-09**

c/o K Sweeney FAX 908 737 4064

Agency Name \_\_\_\_\_

Intern Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Field Instructor \_\_\_\_\_ MSW, LSW, LCSW

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Other Locations \_\_\_\_\_

FAX \_\_\_\_\_

Agency Telephone \_\_\_\_\_

Email \_\_\_\_\_

1st Yr Field # of Students	2nd Yr Field # of Students	Specific Days and Hours Available for Student at Placement ( ie 9-5, 9-7:30) Please be specific & indicate any evening or weekend hours that are supervised & available							Special Needs And Requirements	
		M	T	W	TH	F	Sa	Su	Languages required/helpful Req'd (+)	Please Check if needed
○	○	AM				CLASS at KEAN			Eng _____	Car Needed _____
		PM		CLASS at KEAN		CLASS at KEAN			Span _____	Physical Exam Req'd _____
***** Students cannot be in agency alone at any time *****										
										Finger Printing Req'd _____ Drug Test Req'd _____ Parking issue _____ Stipend \$ _____ Agency Orientation Req'd _____ Mileage Reimburse _____ Background Chk _____ Shots MMR TB _____ Other _____

Please Describe **Agency Purpose/ Population**. Describe tasks/experiences students will have/be responsible for while at agency under LSW,LCSW supervision, including staff meetings, rounds and in-service:

Population(s) \_\_\_\_\_

- \_\_\_ Individuals
- \_\_\_ Couples
- \_\_\_ Families
- \_\_\_ Group facilitation (co-)
- \_\_\_ Community
- \_\_\_ Organizations
- \_\_\_ Home visits
- \_\_\_ Admin/ Grants
- \_\_\_ Supervising
- \_\_\_ Other

\_\_\_ Meetings/Rounds (time and day) \_\_\_\_\_ Staff Meetings (times and days) \_\_\_\_\_

**Role Opportunities  
For 1<sup>st</sup> & 2<sup>nd</sup> yrs**

- \_\_\_ Broker 1
- \_\_\_ Advocate 1
- \_\_\_ Coordinator 1
- \_\_\_ Enabler 1
- \_\_\_ Clinician 1&2
- \_\_\_ Manager 1&2
- \_\_\_ Supervisor 1&2
- \_\_\_ Administrator 1 & 2

Names (use reverse side if needed)

**Additional Field Instructors at your agency**

( please circle one)

_____	LCSW, LSW	# Yrs MSW _____	#Yrs at Agency _____	has supervised Kean Student _____	Has attended	SIFI	Y	N
_____	LCSW, LSW	# Yrs MSW _____	#Yrs at Agency _____	has supervised Kean Student _____	Has attended	SIFI	Y	N
_____	LCSW, LSW	# Yrs MSW _____	#Yrs at Agency _____	has supervised Kean Student _____	Has attended	SIFI	Y	N