

MSW STUDENTS

- **Students' Responsibilities For Participation In Field**
- **Student Data Sheet: Application For Field Education I –II & III-IV**
- **Notices of Change**
- **Field Placement Information Update**

Student's 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 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.

I read the above rules and will abide by them.

Signature _____

Date _____

Kean University
MASTER OF SOCIAL WORK PROGRAM
FIELD EDUCATION STUDENT DATA SHEET
Application First Year Field (SW 5201-02)

Name Last _____ First _____ Middle Initial _____

SS# _____ - _____ - _____ **DOB** _____ Male _____ Female _____

E- Mail _____

Address _____ Street _____ Apt. No. _____

County _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
Home phone Business phone

Address during the school year:

Street _____ Apt. No. _____

County _____ City _____ State _____ Zip Code _____

Cell phone (_____) _____

Driver's license? _____ Yes _____ No

Will a car be available to you for transportation to the agency? _____ Yes _____ No

If not, how do you plan to reach the agency? _____

Primary language: _____

Other languages spoken: _____

If there are health concerns, or if you have special requirements, please describe: _____

Educational Background

<u>School</u>	<u>City, State</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree & Year</u>
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Graduate Courses:

<u>School</u>	<u>City, State</u>	<u>Dates Attended</u>	<u>Degree & Year</u>
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Special Honors Received:

Employment History

(Please duplicate pages as needed)

Name of Agency _____

Address _____

Position Held _____

Dates of Employment _____

Duties _____

Population _____

Name of Agency _____

Address _____

Position Held _____

Dates of Employment _____

Duties _____

Population _____

Name of Agency _____

Address _____

Position Held _____

Dates of Employment _____

Duties _____

Population _____

Volunteer Service

(Please duplicate pages as needed)

Name of Agency _____

Address _____

Position Held _____

Dates of Employment _____

Duties _____

Population _____

Name of Agency _____

Address _____

Position Held _____

Dates of Employment _____

Duties _____

Population _____

Name of Agency _____

Address _____

Position Held _____

Dates of Employment _____

Duties _____

Population _____

Please note that first year curriculum placement is “Generalist” for all students and decisions on placement are solely the responsibility of the Administration.

DO NOT LIST NAMES OF AGENCIES. THE AGENCY IN WHICH YOU WILL BE PLACED WILL BE THE DECISION OF THE MSW FIELD DIRECTOR.

**For consideration of field placement, please indicate your areas of interest:

1. Client population (e.g. elderly, adoption, child abuse, substance abuse, etc.)

2. Geographical area in which you live, work.

**NOTE: Only agencies contracted with Kean University will be considered for placement. Again, we have no placements with evening and weekend hours, exclusively. Also, students are discouraged from having placements within their place of employment, if employed. If placements do occur within the work site, strict policies must be adhered to, and work-study may be for one year of field education, only.

What personal and professional experiences will you bring to the field placement? *

*Students are not to contact any agencies on their own. Once you have turned this form in to Ms. Kathy Sweeney, Director of MSW Field Education, calls will be made to schedule an interview. You will then be notified to contact the field instructor to arrange an interview. Students will have only one interview unless the Director of MSW Field Education determines that an interview at a different agency is necessary.

Signature

Af16r.wpd

Date

Previous Internships (If applicable)

Agency _____

Address _____

Dates _____

Number of Hours _____

Tasks _____

Population _____

Agency _____

Address _____

Dates _____

Number of Hours _____

Tasks _____

Population _____

Agency _____

Address _____

Dates _____

Number of Hours _____

Tasks _____

Population _____

Application for Field Education III - IV
Second Year Student Data Sheet
SW 6201- 6202
Kean University MSW Program

Student Name: _____ Address _____

Town _____ State _____ Zip _____

County: _____ 1st Yr Placement: _____

Field Instructor _____ MSW LSW LCSW Liaison _____

Field Phone# _____ Practice Professor: _____

EMAIL: _____ Home Phone: # _____

Cell #: _____ Work: # _____ ext _____

Discuss your FIRST YEAR FIELD PLACEMENT in the areas identified below

SUPERVISION:

1. **Strengths** and **weaknesses** with respect to meeting your learning needs in the following areas:

A. **Use and availability of supervision:** Discuss your weekly supervision.

Strengths:

Weaknesses:

ASSIGNMENTS

B. Range of learning assignments with the following clients (include age and problem types, e.g. adolescents with drug and/or alcohol addiction, Adults, Domestic violence, etc):

Individuals:

Families:

Groups:

Communities:

Organizations:

SKILLS

C. Development of practice skills. Identify the types of skills that you have developed working in the following areas at your first placement:

Individuals:

Families:

Groups:

Communities:

Organizations:

AREAS FOR GROWTH AND DEVELOPMENT

2. Identify the **improvements and growth** that ***you would like to develop*** in the following areas during your **second year internship**:

Individuals:

Families:

Groups:

Communities:

Organizations:

- D.** Which of the following areas would interest you for your **primary field of practice after graduation? Prioritize at least three**

Mental Health

Counseling Agency

Substance Abuse

Hospice

Child Welfare (DYFS, Families at Risk, etc.)

Developmental Disabilities

Education/School

Elderly

Probation/Corrections

Physical Disabilities

AIDS

Other (state) _____

3. Identify any specific problems that you have with respect to an internship, (e.g. transportation, location, special needs). These problems may limit the available choices. We will attempt to place you within a reasonable distance of your home.

4. Describe your objectives for this field placement. Include your career goals. What do you want to learn specifically

5. On the basis of your knowledge of the locations of the internships available, please list possible options and **briefly** give your reasons for choosing these priorities. *

1. _____

2. _____

3. _____

6. Primary Language Spoken _____

Other Languages you speak, _____

Write _____

Read _____

You must submit your application before attending your interview.

Please do not walk in with your application in hand.

Please return this completed application to Kathy Sweeney no later than Feb. 1 '07.

A sign up sheet will be posted outside the field office in January '07.

We will begin interviews for next placement in late January or early February.

Please return your application and sign up.

* A list of agencies is available in the Field Office. This list is never a final list as agencies are being recruited and withdrawing on an ongoing basis. We choose not to use some agencies for many different reasons. Some agencies may completely change their focus, clientele or services between one semester and the next. The list may give you an idea of the agencies that Kean has been using in recent semesters. Copying expenses preclude students receiving copies of this data.

Please DO NOT CALL ANY AGENCY IN SEARCH OF A PLACEMENT SITE. Part of good Social Work is to know, understand and follow policies and proper protocol.

Field Experience III & IV

I understand I will need to be in Field for 24 hours per week from September 2007 through April 2008 (approx 30 weeks). I understand that I must do 50-60% of these field hours during regular business hours (M-F 9:00-5:00) and that no internship can be done exclusively on weekends or after business hours. I understand I have classes on Fridays and on Wednesday evenings. I will make the necessary adjustments to my current schedule to accommodate these demands. I understand that the MSW is a professional degree and my hours and experience in field is most important and cannot be compromised.

Student Signature

Date

Kean University M S W Program

**Notice of Change
of
Personal Information**

This notice of change is to inform the MSW program administration of

Kean University that on _____, _____, **I,** _____
(Date) (Year) (Name)

changed my address

From: Street Address _____ Apt. # _____ FL _____

City _____ State _____ Zip Code _____

To: Street Address _____ Apt. # _____ FL _____

City _____ State _____ Zip Code _____

I changed my telephone number:

From: Area Code () _____

To: Area Code () _____

I changed my name

From: _____

To: _____

I understand that this information is intended for MSW Office use only.

(It is your responsibility to inform your field agency and field work instructor of any changes necessary)

Signature of Student _____ **Date** _____

Kean University
Field Placement Information Update

Dear Student,

Please fill in the information requested below, **even if none of the information has changed**, and put in my mailbox by the 2nd week of field. At times certain situations will change, i.e., telephone numbers. If so, it is your responsibility to inform the field office. You may use the form below and place it in my mailbox as soon as you are aware of the change. Also, if I need to reach you, I will leave a note in your mailbox or email you. **Please, check your student mailbox often.**

Thank you in advance,
Kathy Sweeney

Print Clearly

Student's Name _____

Cell Phone # _____ E-mail _____

Name of Placement Agency _____

Full Address of Agency

Name of **Task Supervisor** _____ **LSW** __, **LCSW** __

Name of **Field Instructor** _____ **LSW** __, **LCSW** __

Telephone number of Field Work Instructor _____

E-mail of Field Instructor _____