

## BSSW Confirmation of Field Placement

**Instructions:** This form is to be completed by the student after the placement interview. It is the student's responsibility to obtain the signature of the field instructor and to submit the completed and signed form to her/his field coordinator for final approval of the placement plan.

Student Name \_\_\_\_\_

Student Email \_\_\_\_\_

Student Phone Number \_\_\_\_\_

Level/Year:    **BSSW Junior**        **BSSW Senior**

Do you work at the agency where you will complete your field placement?    **Yes**    **No**

Starting Semester:     Fall 20\_\_         Spring 20\_\_         Summer 20\_\_

Ending semester:     Fall 20\_\_         Spring 20\_\_         Summer 20\_\_

First day of this field placement will be (Date and Time) \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Placement Schedule \_\_\_\_\_

Organization Name \_\_\_\_\_

Organization Address \_\_\_\_\_

Address at which student will complete placement activities:     Same as above or

Alternate address \_\_\_\_\_

Please identify requirements that must be completed before student begins field and who is responsible.

Requirement to Begin Field (Check if needed)	Who is Responsible? (Agency or Student through UT)
<input type="checkbox"/> Online background check	
<input type="checkbox"/> Fingerprint background check <small>UT can only facilitate these for students interning in a Tennessee K-12 school</small>	
<input type="checkbox"/> Drug Screen	
<input type="checkbox"/> Health information or tests (please specify):	
<input type="checkbox"/> Agency Orientation/training	
<input type="checkbox"/> Other (please describe)	

**Field Instructor complete this section (only ONE person can serve as Field Instructor)**

Field Instructor Name \_\_\_\_\_

Field Instructor Phone Number \_\_\_\_\_

Field Instructor Email Address \_\_\_\_\_

I have met with this student and agree to provide field instruction, including weekly supervision.

(If applicable) I understand that the student is in the \_\_\_\_\_ Certificate Program. The student has explained the certificate-specific field requirements, and I will support his/her successful completion.

Are you a new Field Instructor?  Yes  No

Have you completed UTCSW Field Instructor Training?  Yes  No

I have a BSSW degree and at least 2 years of post-Bachelor's experience.

I have a MSSW degree and at least 2 years of post-Master's experience.

Task Instructor Name (If assigned) \_\_\_\_\_

Task Instructor Email Address \_\_\_\_\_

Will the student receive a stipend?  Yes  No

If so, what is the amount: \_\_\_\_\_

**If you are a new field instructor, please complete the application at the link below:**

<https://forms.gle/kz6UEmTRYcxbblCZ7> (Please contact the Field Coordinator if anything changes which would interfere with your ability to provide field instruction at the agency).

Field Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student complete this section**

I have met with the above named person(s) and agree to this Field Placement.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Coordinator complete this section**

Approved  Not Approved

Field Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_