Department of Social Work and Human Services
MSW PROGRAM

FIELD PLACEMENT AGREEMENT – ADVANCED YEAR

In consideration of being permitted to participate in the Social Work Field Practicum Program at KSU, I, ________________________________ hereby agree:

1. To spend a minimum of **24 hours per week** during the fall and spring semester during the 2018-19 academic year in a field placement at:
   
   (agency)

2. To intern at the agency between the hours of _________ and _________ on Wednesday, Thursday, and Friday (Fall & Spring) beginning on __________ ending on __________.

3. To make arrangements with my Field Supervisor for any absences from the agency during the times specified above. I understand that I am expected to be in the agency except for illness or urgent personal business. When possible, I will arrange for absences in advance and make alternative plans for clients and/or any other duties that are pending.

4. To accept the supervision and instruction of the agency representative designated as my Field Supervisor. I understand that I am responsible to my Field Supervisor while in the agency and that we will have regular and frequent supervision to assess my learning needs and progress. Supervision meetings will occur for one hour each week during the field practicum.

5. To meet with my Field Supervisor and Field Faculty at times that may be designated to evaluate my learning needs and progress. I understand that I am expected to evaluate myself and contribute to the evaluation.

6. To follow the policies, practices, and procedures of my agency as I fulfill my responsibilities as a social work student. I will consult with my Field Supervisor about policies and procedures I do not understand or find difficult to accept.

7. To arrange with my Field Supervisor for use of any materials from agency records to be used in social work Field Placement seminar assignments. I understand that I am not to tape record interviews without special permission from the client, my Field Supervisor, and my Field Faculty.

8. To regard all information, I receive concerning clients as confidential. I will not use names of clients or other identifying information about them outside the agency.

9. To be responsible for providing my own transportation to and from the agency.

10. The student is not to transport clients as part of this field practicum.
11. To adhere to the NASW Code of Ethics and NASW Standards and Indicators for Cultural Competence in Social Work Practice.

12. The student understands field education, as articulated in the Council on Social Work Education’s (CSWE) Educational Policy and Accreditation Standards, is clearly within the guidelines of the Department of Labor regulations for an education internship and does not require payment. Please see: https://www.cswe.org/getattachment/Accreditation/2014-02-25AnnouncementreDOLandField-EF.pdf.aspx.

13. Any exceptions or additions to the provisions of this agreement which have been agreed to by the social work student, the Field Supervisor and the Field Faculty are to be entered below.

___________________________________________________________________________________
___________________________________________________________________________________

Field Agency and Field Supervisor contact information:

**Agency**
- Name: _____________________________________________
- Physical Address: ____________________________________
- Mailing Address: ____________________________________
- Phone Number: _____________________________________
- Fax Number: _______________________________________
- Website: __________________________________________

**Clinical/Task Supervisor (Day to Day)**
- Name: _____________________________________________
- Phone Number: _____________________________________
- Email Address: _____________________________________

*If Task Supervisor is not an LCSW please complete contact information below for the person who will provide 1 hour/week of clinical supervision for MSW student:*
- Name: _____________________________________________
- Phone Number: _____________________________________
- Email Address: _____________________________________

Agreed this the _____ day of _____________________, 20_______

__________________________________                    ______________________________________
Field Supervisor Signature             MSW Student Signature