

**U.S. ARMY - FAYETTEVILLE STATE UNIVERSITY**  
**MASTER OF SOCIAL WORK PROGRAM**  
**AGENCY DATABASE AND PLANNING INFORMATION FORM**  
**FIELD PLACEMENT**

AHS, Graduate School, AMEDDC&S  
Fort Sam Houston, TX 78234

Phone: (210)  
Fax: (210)

The U.S. Army–Fayetteville State University MSW Program, is seeking information to include in a database for graduate field placements. The information requested will be made available for students and faculty. It is the program’s intent to assist students in understanding basic agency information as they consider placement sites. To assist in our efforts to give students an initial understanding of the agencies willing to accept graduate social work students, please fill out this form.

1. Name of agency/organization: \_\_\_\_\_
2. Address of agency: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_
3. **Name of Agency Director:** \_\_\_\_\_
4. Who is the agency representative that FSU faculty should contact regarding establishing field placements at the agency:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Web address: \_\_\_\_\_
5. The **Agency Field Instructor** is the title given to the person who is responsible for supervising the graduate student at the agency.  
**Name of Agency Field Instructor:** \_\_\_\_\_  
Professional Degree(s): \_\_\_ BSW \_\_\_ MSW \_\_\_ MA \_\_\_ Ph.D. \_\_\_ Other  
Major field of study: \_\_\_\_\_  
Credentials/Licenses: \_\_\_ LCSW \_\_\_ CMSW \_\_\_ ACSW \_\_\_ Other
6. Agency person Director of Field Education should contact regarding placement of a student at the agency:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
Name of agency person **the student(s) should contact to arrange an interview** for possible placement at the agency: Same as above: \_\_\_ Yes \_\_\_ No  
If not the same as above, then please complete the following:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Approximately how many people does your agency/organization employ? \_\_\_\_\_
8. What are your business hours? \_\_\_\_\_  
Are students likely to be assigned evening work? \_\_\_ Yes \_\_\_ Occasionally \_\_\_ No  
Are students likely to be assigned weekend work? \_\_\_ Yes \_\_\_ Occasionally \_\_\_ No
9. Do you have a policy on sexual harassment? \_\_\_ Yes \_\_\_ No
10. Do you provide safety training for students? \_\_\_ Yes \_\_\_ No

11. Is your agency accessible to persons with physical disabilities? \_\_\_\_Yes \_\_\_\_No

12. Practice Area:

Please check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aging/Gerontology            | <input type="checkbox"/> Developmental Disabilities  | <input type="checkbox"/> Public Health              |
| <input type="checkbox"/> Alcohol/Substance Abuse      | <input type="checkbox"/> Family Services             | <input type="checkbox"/> Rehabilitation             |
| <input type="checkbox"/> Child/Public Welfare         | <input type="checkbox"/> Health and/or Mental Health | <input type="checkbox"/> School Social Work         |
| <input type="checkbox"/> Community Planning           | <input type="checkbox"/> Management                  | <input type="checkbox"/> Social Policy and Advocacy |
| <input type="checkbox"/> Corrections/Criminal Justice | <input type="checkbox"/> Military                    | <input type="checkbox"/> Other _____                |

**Agency Description {If you prefer, feel free to attach a typed page with the information requested}**

As a way to introduce students to your agency/organization, please provide a brief description addressing any of the following (or other information you deem appropriate):

- Mission statement
- Years of service to the community
- Possible student learning opportunities
- Population(s) served

If you have a current agency brochure that includes the mission statement, please attach to this form.

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**13. Client Group Descriptions**

Please check any categories, which apply:

**AGES**

- Infants
- Preschool Children
- Elementary School Children
- Adolescents
- Young Adults (18-25)
- Middle Aged Adults
- Elderly (65 and older)

**PRIMARY FOCUS OF INTERVENTION**

- Individuals
- Couples
- Families (as a unit)
- Groups
- Organizations
- Communities
- Legislation
- Other \_\_\_\_\_

**Client Demographic Information**

\_\_\_\_\_ % Females      \_\_\_\_\_ % Low income      \_\_\_\_\_ % White

\_\_\_\_\_ % Males      \_\_\_\_\_ % Rural residents      \_\_\_\_\_ % African American  
                                  \_\_\_\_\_ % Urban residents      \_\_\_\_\_ % Hispanic American  
                                  \_\_\_\_\_ % Military residents      \_\_\_\_\_ % Asian American  
    \_\_\_\_\_ % Native American  
    \_\_\_\_\_ % Other

14. Do you provide stipends for students? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ALL FIELD INSTRUCTORS MUST FILL OUT THIS FORM**  
**PART 2: FIELD INSTRUCTOR INFORMATION FORM**  
 (Please Print or Type)

**Field Instructor Information**

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Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Years with this agency: \_\_\_\_\_ Time in this position: \_\_\_\_\_

Check the method(s) that you are best prepared to provide instruction in:

- Direct Practice                       Community Planning                       Social Policy and Advocacy  
 Community Organization     Evaluation                                       Human Service Management

**Previous Experience Instructing Students**

Name of Institution	Year	Practice Methods or Content Area
_____	_____	_____
_____	_____	_____

Please attach current resume.

Please mail or fax this form to the Coordinator of Field Education at U.S. Army - Fayetteville  
 State University Master of Social Work Program, Soldier & Family Support Branch,  
 AMEDDC&S, Fort Sam Houston, TX 78234, Fax (210) \_\_\_\_\_, ATTN: \_\_\_\_\_,  
 We appreciate all that you do for the Social Work Field Program experience.

Thank you for supporting our Field Education Program.

