

**AGENCY PROFILE**

Please complete this form in its entirety. It assures we have the most accurate and up to date information on file.

**Please Print**

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

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Field Instructor: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Which semester(s) does the agency generally offer a practicum placement?

- Fall     Spring     Summer

**FIELD OF PRACTICE** *Check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Aging                      | <input type="checkbox"/> Health Care     |
| <input type="checkbox"/> Child Welfare              | <input type="checkbox"/> Housing         |
| <input type="checkbox"/> Crime/Delinquency          | <input type="checkbox"/> Legal Services  |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Mental Health   |
| <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Recreation      |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Rehabilitation  |
| <input type="checkbox"/> Family Services            | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Financial Assistance       | <input type="checkbox"/> Sexual Abuse    |

**POPULATIONS SERVED** *Check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Preschool Children       | <input type="checkbox"/> Young Adults  |
| <input type="checkbox"/> Elementary Aged Children | <input type="checkbox"/> Middle Adults |
| <input type="checkbox"/> Adolescents              | <input type="checkbox"/> Older Adults  |

**PRACTICUM REQUIREMENTS** *Either regularly or sometimes*

- |   |   |
|---|---|
| <input type="checkbox"/> Background Check                 | <input type="checkbox"/> Use of Own Car |
| <input type="checkbox"/> Professional Liability Insurance | <input type="checkbox"/> Evening Hours  |
| <input type="checkbox"/> Physical Exam/Inoculations       | <input type="checkbox"/> Weekend Hours  |
| <input type="checkbox"/> Transporting Clients             | <input type="checkbox"/> Home Visits    |
| <input type="checkbox"/> Other _____                      |   |

**PRACTICUM SUPPORT** *Either regularly or sometimes*

- Stipend of \$ \_\_\_\_\_
- Work Related Mileage \$ \_\_\_\_\_
- Workshop/Conference Registration
- Workshop/Conference Related Expenses
- Lunches on Work Days
- Agency Vehicle for Work Related Travel
- Other \_\_\_\_\_

**PRACTICUM LEARNING OPPORTUNITIES**

*Please note if the student's involvement will be:*

**Direct (D):** hands-on, either independently or in conjunction with another worker; OR

**Observation (O):** view activity performed by others.

- |   |                          |                        |
|---|--------------------------|------------------------|
| D | <input type="checkbox"/> | Advocacy               |
| D | <input type="checkbox"/> | Budgeting              |
| D | <input type="checkbox"/> | Care Planning          |
| D | <input type="checkbox"/> | Case Management        |
| D | <input type="checkbox"/> | Client Assessment      |
| D | <input type="checkbox"/> | Client Counseling      |
| D | <input type="checkbox"/> | Client Staffings       |
| D | <input type="checkbox"/> | Community Relations    |
| D | <input type="checkbox"/> | Community Planning     |
| D | <input type="checkbox"/> | Counseling             |
| D | <input type="checkbox"/> | Documentation          |
| D | <input type="checkbox"/> | Evaluation or Research |
| D | <input type="checkbox"/> | Family Counseling      |
| D | <input type="checkbox"/> | Fund Raising           |
| D | <input type="checkbox"/> | Grant Writing          |
| D | <input type="checkbox"/> | Group Work             |
| D | <input type="checkbox"/> | Home Visits            |
| D | <input type="checkbox"/> | In-Service Training    |
| D | <input type="checkbox"/> | Inter-Agency Meetings  |
| D | <input type="checkbox"/> | Intake                 |
| D | <input type="checkbox"/> | Interviewing           |
| D | <input type="checkbox"/> | Program Development    |
| D | <input type="checkbox"/> | Public Speaking        |
| D | <input type="checkbox"/> | Referral               |
| D | <input type="checkbox"/> | Staff Meetings         |
| D | <input type="checkbox"/> | Teaching               |
| D | <input type="checkbox"/> | Team Meetings/Projects |
| D | <input type="checkbox"/> | Other _____            |

***Thank you for taking the time to complete this form!***