

MSW
Field Placement Agreement
 **And Proposed Learning Contract**

I. Student and Placement information:

Student's Name: _____

Supervisor Name : _____

Placement Name: _____

Address: _____

Phone: _____ FAX: _____

Email Address: _____

Agency Website: _____

Dates of Practicum: Start Date: _____

Finish Date: _____ (estimate)

2. Learning Contract

Proposed Learning Contract		
Part I:		
Learning goals What do you hope to learn?	Tasks How will you accomplish it?	Evaluation How will you know you have accomplished it?
Part II.		
Potential contribution(s) to agency (e.g) workshops, professional development, community education, resource development, etc.:		

3. Administrative Arrangements

Is a driver's license required: Yes () No ()

Must students have their own vehicle? Yes () No ()

What are the working hours? _____

What work space and equipment are available to the student (i.e. office/phone/vehicle)?

Any other relevant agency information?

Does your agency require personnel to have a criminal record check?

Yes () No ()

Does your agency have other requirements that must be satisfied prior to the commencement of the placement? _____

Supervision Format:

How many hours per week for:

_____ group supervision

_____ individual, closed door supervision

Student signature

Agency Supervisor Signature

Faculty Liaison Signature