

AGENCY/FIELD INSTRUCTOR – APPLICATIONAgency Name: [Click here to enter text.](#)Division/Program Name: [Click here to enter text.](#)Name/Title of Agency Director: [Click here to enter text.](#)E-Mail: [Click here to enter text.](#)Address: [Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)Phone: [Click here to enter text.](#)Fax #: [Click here to enter text.](#)Name/Title of Educational Coordinator: [Click here to enter text.](#)
(Person who serves as main contact to Adelphi)Educational Coordinator's Phone #: [Click here to enter text.](#)Ext: [Click here to enter text.](#)Email: [Click here to enter text.](#)**Description of Agency:**Agency Auspices: voluntary/non-profit private/for-profit public other: [Click here to enter text.](#)Licensed by: OMH OASAS DOH OPDD OCFS DOC STATE EDUCATION OCFS OFFICE OF THE AGING JCAHO **OTHER:** [Click here to enter text.](#)**Type of Agency (check as many as apply)**

- | | | |
|--|---|--|
| <input type="checkbox"/> mental health | <input type="checkbox"/> developmental disabilities | <input type="checkbox"/> forensic |
| <input type="checkbox"/> chemical dependency | <input type="checkbox"/> physical disabilities | <input type="checkbox"/> domestic violence |
| <input type="checkbox"/> health care | <input type="checkbox"/> youth services | <input type="checkbox"/> psychiatric |
| <input type="checkbox"/> occupational | <input type="checkbox"/> community center | <input type="checkbox"/> child welfare |
| <input type="checkbox"/> educational/school | <input type="checkbox"/> geriatric services | <input type="checkbox"/> public welfare |
| <input type="checkbox"/> Other (please specify): Click here to enter text. | | |

Service Settings (check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> inpatient | <input type="checkbox"/> home-base |
| <input type="checkbox"/> outpatient | <input type="checkbox"/> residential |
| <input type="checkbox"/> day treatment | <input type="checkbox"/> community-based |
| <input type="checkbox"/> Click here to enter text. | <input type="checkbox"/> Click here to enter text. |

Agency Hours of OperationMonday: [Click here to enter text.](#)Friday: [Click here to enter text.](#)Tuesday: [Click here to enter text.](#)Saturday: [Click here to enter text.](#)Wednesday: [Click here to enter text.](#)Sunday: [Click here to enter text.](#)Thursday: [Click here to enter text.](#)**Agency Services Provided (check as many as apply)**

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> individual | <input type="checkbox"/> home visiting | <input type="checkbox"/> committee participation |
| <input type="checkbox"/> family | <input type="checkbox"/> biopsychosocial assessment | <input type="checkbox"/> work with coalitions |
| <input type="checkbox"/> group | <input type="checkbox"/> multi-axial diagnosis | <input type="checkbox"/> psychoeducation |
| <input type="checkbox"/> short-term | <input type="checkbox"/> treatment planning | <input type="checkbox"/> substance abuse monitoring |

- | | | |
|---|--|--|
| <input type="checkbox"/> long-term | <input type="checkbox"/> crisis intervention | <input type="checkbox"/> grant writing |
| <input type="checkbox"/> milieu treatment | <input type="checkbox"/> interdisciplinary collaboration | <input type="checkbox"/> research |
| <input type="checkbox"/> case management | <input type="checkbox"/> court liaison | <input type="checkbox"/> program development |
| <input type="checkbox"/> community organization | <input type="checkbox"/> information and referral | <input type="checkbox"/> case advocacy |
| <input type="checkbox"/> entitlement advocacy | <input type="checkbox"/> macro practice | <input type="checkbox"/> social action |
| <input type="checkbox"/> Other: Click here to enter text. | | |

Agency Population Served: (Describe the client/consumer population served by the agency (age, gender, socio-economic status, race, religion, ethnicity, sexual orientation, language and culture, etc) :

[Click here to enter text.](#)

Description of Proposed Student Assignments

Micro Practice (check as many as apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> individual | <input type="checkbox"/> advocacy | <input type="checkbox"/> crisis intervention |
| <input type="checkbox"/> family | <input type="checkbox"/> home visiting | <input type="checkbox"/> interdisciplinary collaboration |
| <input type="checkbox"/> short-term | <input type="checkbox"/> biopsychosocial assessment | <input type="checkbox"/> information and referral |
| <input type="checkbox"/> long-term | <input type="checkbox"/> multi-axial diagnosis | <input type="checkbox"/> psychoeducation |
| <input type="checkbox"/> case management | <input type="checkbox"/> treatment planning | <input type="checkbox"/> substance abuse monitoring |

Describe student's primary micro practice assignment:

[Click here to enter text.](#)

Mezzo (Group) Practice (check as many as apply)

Types of Groups

- short-term
- long term
- milieu treatment
- problem solving
- psychoeducation
- behavioral change

Group Leadership

- sole worker
- co-leadership
- with field instructor
- with other staff
- with other student
- observe only

Group Development

- New Group
- Existing Group
- Student Developed

Describe student's mezzo practice assignment:

[Click here to enter text.](#)

Macro Practice (check as many as apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> public presentations | <input type="checkbox"/> work with coalitions | <input type="checkbox"/> voter registration | <input type="checkbox"/> inter-org. coordination |
| <input type="checkbox"/> work with volunteers | <input type="checkbox"/> grant writing | <input type="checkbox"/> community education | <input type="checkbox"/> budgeting |
| <input type="checkbox"/> cause advocacy | <input type="checkbox"/> fund raising | <input type="checkbox"/> resource development | <input type="checkbox"/> administration |
| <input type="checkbox"/> social action/ reform | <input type="checkbox"/> lobbying | <input type="checkbox"/> needs assessment | <input type="checkbox"/> program development |

Describe student's macro practice assignment:

[Click here to enter text.](#)

Research Opportunities

Describe research opportunities in which students may become involved:

[Click here to enter text.](#)

Agency Meetings*

Please identify meetings that will be required or recommended for students placed in your agency (e.g. Team Meetings, Case Conferences, Department Meetings, Group Supervision, Grand Rounds, Staff Development, etc.):

[Click here to enter text.](#)

*(please note: students have complicated academic schedules which need to be considered in determining expectations for participation in agency meetings)

Does your agency require any of the following (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical Clearance | <input type="checkbox"/> Tuberculosis TB test | <input type="checkbox"/> Proof of Legal Residence (VISA or GREEN CARD) |
| <input type="checkbox"/> CPS Clearance | <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Finger Printing |
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Proof of US Citizenship | |
| <input type="checkbox"/> Resume | | |

Any other requirements? [Click here to enter text.](#)

Students Requested for the school Year

For the school year we are requesting the following:

1. Undergraduate Juniors (10 hrs/week) (#) [Click here to enter text.](#)
2. Undergraduate Seniors (14 hrs/week) (#) [Click here to enter text.](#)
Senior Year assignments are comparable to 1st Year
3. First Year Graduates (14 or 21 hrs/week) (#) [Click here to enter text.](#)
4. Second Year Graduates (14 or 21 hrs/week) (#)

Total Number of Students Requested (#) [Click here to enter text.](#)

Anticipated Number of Social Work Students for Placement in the Agency

From other schools of social work: [Click here to enter text.](#)

Evening and Weekend Student Assignments

If your agency offers an assignment with evening and/or weekend hours to accommodate our experienced employed student population, please specify the following; the evening and weekend days available; required daytime hours(if any); days/hours for supervision:

[Click here to enter text.](#)

Transportation and Access to Agency

Please describe agency location and access to public transportation:

[Click here to enter text.](#)

Please describe agency's access for disabled students:

[Click here to enter text.](#)

Field Instructors

**Field Instructors for BSW students must have a minimum of 2 years post MSW experience. For all other levels they must have at least 3 years post MSW experience. All first time Field Instructors must attend a free, 12 session Seminar in Field Instruction concurrent with supervising the student. Field instructors who have completed a comparable seminar at another School of Social Work may be exempt from this requirement by our Field Education Department. The seminar is offered at our Garden City,*

Hauppauge, Manhattan, and Poughkeepsie locations. NYS Law mandates that all Social Workers supervising students must be licensed in NYS.

Name: [Click here to enter text.](#)

Position: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Work #: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Cell Phone: [Click here to enter text.](#)

LICENSURE

Do you have a current New York State License to practice social work? Choose an item.

If Yes, [Choose an item.](#)

Date Received: [Click here to enter text.](#)

PROFESSIONAL WORK EXPERIENCE, Please attach a resume

SEMINAR IN FIELD INSTRUCTION *

SIFI completed? [Choose an item.](#) If YES, Name of SIFI school, date [Click here to enter text.](#)

Comments (For application purposes, is there any other information we should know about your agency?)

[Click here to enter text.](#)

[Click here to enter text.](#)

Signature of Educational Coordinator

[Click here to enter a date.](#)

Date