

Andrews University - Department of Social Work

*"Preparing individuals for excellence during a lifetime of professional service
and Christian compassion in action."*

Student Practicum Agreement

(This form is given to the A.U. Field Office, Agency, & Student three weeks after field placement begins.
The student is responsible for submitting a new form to all three locations, if there are changes.)

Date _____

Student Information

Student's Name _____

Student's Class Standing (MSW - Advanced, Foundation, or BSW) _____

Student's phone number & email _____

Name & phone of local Emergency Contact _____

Agency Information

Agency Name _____

Agency Address _____

Agency Field Instructor _____

phone number & email _____

Agency Task Supervisor _____

phone number & email _____

Field Instructor _____

phone number & email _____

Faculty Liaison _____

phone number & email _____

Field Schedule

Date of Placement with Agency _____

Days and hours in field placement: _____

Day and time of individual supervision _____

Day and time of group supervision (when available) _____

Day and time of staff meetings _____

Other _____

Name of contact person in field instructor's absence _____

Agency Policy

Student is aware of agency policies regarding dress, punctuality, attendance, and safety issues, etc. _____ Yes _____ No

Student Policy

Student possesses health insurance either through the University or an individualized policy.
_____ Yes _____ No

Field Instructor's Signature _____