

STUDENT PRACTICUM AGREEMENT

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

This form must be completed by the student and submitted to the following entities: **AU Social Work Field Office** and **Agency/Internship Site** **WITHIN ONE WEEK AFTER FIELD PLACEMENT BEGINS**. If there are any changes or updates to field practicum agreement, the student is responsible for the re-submittal of this form.

DATE: _____

STUDENT INFORMATION:

Student's Name: _____ Generalist Practice Advanced Practice
Phone number: _____ Email address: _____
Emergency contact: _____ Phone number: _____

***Student Policy: Do you possess health insurance either through the University or an individualized policy.

Yes No

AGENCY INFORMATION:

Agency Name: _____

Agency Address: _____

(1) Agency Field Instructor: _____ Phone number: _____
Agency Field Instructor's email: _____

(2) Agency Task Supervisor: _____ Phone number: _____
Agency Task Supervisor's email: _____

(3) AU Faculty Liaison: _____ Email: _____

(4) Contact person in case of Field Instructor's absence: _____

***Agency Policy: Is the student aware of agency policies as outlined in the agency policy manual?

Yes No

FIELD PRACTICUM SCHEDULE:

Date of placement with agency: _____ Days and hours at internship site: _____

Day & Time of individual or group supervision: _____

Field Instructor Signature: _____ Date: _____

Director of Field Signature: _____ Date: _____