**ADVANCED STANDING FIELD PRACTICUM PLANNING FORM**

**PLEASE SUBMIT A COPY OF YOUR UPDATED RESUME\*\* WITH THIS FORM ONLINE TO:** [**https://ww3.hunter.cuny.edu/ssw/view.php?id=58552**](https://ww3.hunter.cuny.edu/ssw/view.php?id=58552)

**\*\*Be sure to include your BSW field placement(s) and Silberman School of Social Work (under education) on your resume**

|  |  |
| --- | --- |
| **IMPORTANT** | * Information may be discussed with the assigned agency to provide basic information about a student's background and first year field experience.This is not a confidential document * The address indicated on this form will be used for practicum planning purposes. Address changes that can affect your placement assignment must be reported immediately. * Every attempt will be made to assign you to a placement that is within **1.5 hours one-way** travel from your home; unknown variables may increase travel time. * Please note that there may be processing requirements for certain agencies that can include: background checks, medical screening, fingerprinting, etc. **The student is responsible for any costs associated with these requirements.** * **PLEASE NOTE: Increasingly, agencies are requiring background checks for employees and students. If there is anything in your background that you would like us to consider, please contact the Director of Field Education or your assigned Assistant Director to discuss.** * **If you are registered with the Office of AccessABILITY make your assigned AD aware of your status during the planning process.** |

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**Today’s Date Date of Admission:**

|  |  |
| --- | --- |
| **OML** |  |

**PRACTICE METHOD (*Check only one box as indicated in your enrollment letter*):**

|  |  |
| --- | --- |
| **COP&D** |  |

|  |  |
| --- | --- |
| **CPIFG(CLINICAL)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:**  **(Last, First)** |  | **Pronouns** |  |

|  |  |
| --- | --- |
| **Other names that might appear on your records:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **School Year Home Address:** |  | | |
| **Hunter Email Address:** |  | | |
| **Mobile Phone Number:** |  | **Home Number:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Closest Subway/Bus/Metro North/LIRR line(s):** |  | | | | |
| **Will you have a car to drive to your placement agency?** | | **Yes** | **No** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Language(s) spoken fluently (other than English):** | | | | | |
| **Can you read this/these Language(s):** | **Yes** | **No** | **Can you write this/these Language(s):** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **Are you applying for the Child Trauma Program?\*** | Yes | No |
| **Are you applying for the Policy Track (CO Students ONLY**)? | Yes | No |

\*Field assignment is determined and completed once the outcome of this application process is decided.

**BSW FIELD PRACTICUM PLACEMENT EXPERIENCE**

***(*Briefly *describe your BSW field practicum placement)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Undergraduate School:** |  | | |
| **Specialization (if any):** |  | **Graduation Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Agency:** |  | |
| **Agency’s Address:** |  | |
|  |  | |
| **Field Instructor:** |  | **Hunter Field Advisor:** |
| **Task Supervisor(s):** |  |  |

|  |  |
| --- | --- |
| **Type of Setting:** |  |
| **Population:** |  |

|  |  |
| --- | --- |
| **Assignment Description**  **(Responsibilities):** |  |

|  |  |
| --- | --- |
| **Describe the skills and the competencies you developed during your BSW Field Assignments:** |  |

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| --- |
| **If your placement was changed during your BSW years list the original agency and the reason for change:** |

|  |
| --- |
| **Indicate the factors(i.e. skills, practice focus, population, setting) that are of greatest importance in your second year placement:** |

|  |
| --- |
| **Indicate any special concerns that would affect your placement(i.e. financial, medical, childcare, eldercare):** |

**FIELD PRACTICUM INTERESTS FOR SECOND YEAR**

**POPULATION GROUPS *(Choose as many that apply)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adolescents |  |  | Families |  |
| Adults |  |  | Groups |  |
| Adults – Older |  |  | Individuals |  |
| Children |  |  | Intergenerational |  |
| Children – early childhood (0-3) |  |  | Organizations |  |
| Communities |  |  |

**TYPE OF SETTING (*Please choose up to 5*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Centers for the Aging |  |  | Hospital |  |
| Child Welfare Agency |  |  | Juvenile Diversion Programs |  |
| Substance Abuse Treatment Centers |  |  | Legal/Social Justice Settings |  |
| Child Guidance Center |  |  | Long Term/Nursing Care Facility |  |
| Community Based Mental Health Clinic |  |  | Palliative/Hospice Care |  |
| Correctional/Detention Centers |  |  | Parole/Probation |  |
| Court Setting |  |  | Political Office |  |
| Domestic Violence Program/Shelter |  |  | Programs for Immigrants/Refugees |  |
| Early Childhood Development Center |  |  | Residential Treatment Center |  |
| Employee/M Assistance Program (EAP) |  |  | Schools pre-K-12th Grade |  |
| Employment/Job Readiness |  |  | LGBTQIA Organizations |  |
| Evidence Based-PROS, ACT Programs |  |  | Settlement House/Community Based Organization |  |
| Family Service Agency |  |  | Shelter, Transitional and/or Supportive Housing |  |
| Higher Education/Universities |  |  | Union Sponsored Programs -Member Assistance Program (MAP) |  |
| HIV/AIDS Programs |  |  |  |  |

**SERVICES PROVIDED BY THE AGENCY *(Check all that apply)***

***Be mindful that your choices match the preferred setting and population indicated above.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administration |  |  | Hospice/palliative care |  |
| Advocacy |  |  | Housing Services |  |
| After-school programming |  |  | Inpatient Medicine |  |
| Aging Wellness |  |  | Inpatient Psychiatry |  |
| Alternatives to Incarceration |  |  | Immigrant/Refugee Services |  |
| Ambulatory/Primary Health Care |  |  | International/Global Issues |  |
| At risk early intervention (0-3) |  |  | Legal Services |  |
| Care Coordination |  |  | LGBTQ services |  |
| Child Abuse and Neglect |  |  | Outpatient Psychiatric Services |  |
| College-Based Services |  |  | Preventive/Foster Care |  |
| Community Development |  |  | Program Evaluation |  |
| Community Education |  |  | Rehabilitation Services |  |
| Constituent Services |  |  | Residential Treatment |  |
| Corrections/Criminal Justice |  |  | School (Pre-K to 12th) Based Supportive Services |  |
| Discharge Planning |  |  | Social Policy |  |
| Domestic Violence/Victim Services |  |  | Substance Abuse Recovery |  |
| Employee Assistance Services |  |  | Supportive Housing Services |  |
| Emergency Care |  |  | Union Sponsored Members’ Support Services |  |
| Food Pantry |  |  | Veteran’s Services |  |
| Grassroots Organizing and Planning |  |  | Public Assistance/ Benefits Counseling |  |
| HIV/AIDS Services |  |  | Other, Please indicate: |  |
| Homeless Services |  |  |  |  |

**FOCUS OF INTERVENTION *(Choose as many that apply)***

***Again, be mindful of the choices you have made above when making your selections***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Addiction | Abstinence |  | Harm Reduction |  |  | Food Justice |  |
| Administration | | | |  |  | Grant Writing |  |
| Affordable Housing | | | |  |  | Grassroots Organizing |  |
| Care Coordination | | | |  |  | Group Services |  |
| Case Management | | | |  |  | Immigration/Refugee Issues |  |
| Coalition Building | | | |  |  | Individual Counseling |  |
| Community Education | | | |  |  | Leadership Development |  |
| Creative Arts and Social Work | | | |  |  | Legislative Advocacy |  |
| Crisis Intervention | | | |  |  | Organizational Development |  |
| Developmental Disabilities | | | |  |  | Play Therapy |  |
| Discharge Planning | | | |  |  | Program Planning/Education |  |
| Educational Justice | | | |  |  | Rehabilitation |  |
| Elder Abuse | | | |  |  | Spirituality and Healing |  |
| Evidence Based | | | |  |  | Staff Development/Training |  |
| Family Counseling | | | |  |  | Other: |  |
|  | | | |  |  |  |  |

**Identifying Information (*Completion is optional)* Occasionally, agencies request students based on specific identifiers, which make the following information useful/relevant:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: |  | Gender Identification: |  | Racial/Ethnic Identification: |  |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Emergency Contact Name: | Relationship to Student: |
| Emergency Contact’s Phone Number: |  |

**Hunter College Office of AccessABILITY**

**Hunter College Office of AccessABILITY**

695 Park Avenue, Room 1214E, East Building

New York, NY 10065

Phone: 212. 772.4857

E-mail: [accessABILITY@hunter.cuny.edu](mailto:accessABILITY@hunter.cuny.edu)

Website: <http://www.hunter.cuny.edu/studentservices/access>

Signature (typing your name indicates electronic signature) Date