**ADVANCED STANDING**

**PRACTICUM PLANNING FORM**

**Complete and submit this form, with updated resume and final BSW practicum evaluation** [**https://ww3.hunter.cuny.edu/ssw/view.php?id=58552**](https://ww3.hunter.cuny.edu/ssw/view.php?id=58552)

**IMPORTANT NOTES**

* Students DO NOT arrange their own placements. Do not reach out to agencies directly as such will disqualify you from that opportunity.

* Resumes are sent to one agency at a time. That is, the outcome of each interview process is determined before the resume is sent elsewhere or other agencies are explored.
* If there is no match after two attempts, either on part of agency or student (this includes when student rejects a potential match opportunity), the School will determine whether further attempts to match are appropriate. Students may be asked to delay practicum for one year or may be dismissed from the program.
* The address indicated on this form will be used for planning purposes. Make sure that it is filled out fully, completely, and accurately.
* Agencies are located primarily in New Yok City and travel time may be up to one and a half hours (90 minutes) each way, by public transportation. Students traveling from outside of NYC should expect longer commutes.
* Some agencies require additional processing, such as background checks, drug tests, fingerprinting or proof of vaccinations. Students are responsible to cover any potential cost.
* Students are expected to contact the Office of Accessibility (<https://hunter.cuny.edu/students/health-wellness/accessibility/>) for support around accommodation and provide the letter of accommodations to AD during planning process. Note that it is within the agency’s authority, not the School’s, to determine what accommodations, if any, they will provide.
* Students are expected to remain in their Practicum for the full academic year.
* Full Time, Accelerated & Advanced Standing Students complete 450 hours of practicum per academic year (pending NYS approval, starting Fall 2024). Focus is on TOTAL ACADEMIC YEAR HOURS; recess periods and Spring semester may be used to make-up hours. Total is 14 hours per week, to be completed during business days and hours (pending NYS approval).
* Practicum is a graded course; the passing grade is based on completion of assigned hours, meeting of competencies as reflected on the evaluations, and participation in the mandatory seminars (remote, bi-weekly class held outside of practicum hours). Students receive academic credits for practicum, not payment.
* Social work is unique and different from counseling degrees; training you receive within our program is more inclusive of the totality of person's circumstances, is focused on agency work, case management and social justice advocacy. Specific modalities, such as psychoanalysis, require posts graduate training. Students interested in psychotherapy should note that the few agencies providing such opportunities are very selective and have expectation of experience and knowledge beyond that obtained in first year placement, including prior professional work and additional education. Practicum DOES NOT count for clinical, “C” in LCSW, hours and practicum instructor does not need to have LCSW to supervise clinical students.

STEP 1) Complete and submit this form, with updated resume

 [**https://ww3.hunter.cuny.edu/ssw/view.php?id=58552**](https://ww3.hunter.cuny.edu/ssw/view.php?id=58552)

STEP 2) Assigned Assistant Director will contact you for a planning group meeting, which must occur

 before your resume is sent to an agency for practicum consideration.

|  |
| --- |
|  |

**Today’s Date Date of Admission:**

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

 **PRACTICE METHOD (check only one method)**

|  |  |
| --- | --- |
| **COP&D** |  |
| **Policy track (w/in CO)** |  |

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

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

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

|  |  |
| --- | --- |
| **FULL Home Address:**INCLUDE CITY, ZIP |  |
| **Hunter Email Address**(this must be on your resume)  |  |
| **Mobile Phone Number:** |  | **OTHER EMAIL**  |  |

|  |  |
| --- | --- |
| **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): READ YES/NO WRITE YES/NO** |

**BSW FIELD PRACTICUM PLACEMENT EXPERIENCE**

|  |  |
| --- | --- |
| **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):**  |  |
| **SKILLS & COMPETENCIES developed:** **Assignments:**  |  |
| **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):**  |

**PRACTICUM INTERESTS FOR SECOND YEAR**

**POPULATION GROUPS** (select 3-5)

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

**TYPE OF SETTING (select 3-5)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 (select 5-10)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 (select 5-10)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: Occasionally, agencies request students based on specific identifiers, which make the following information useful/relevant(completion is optional*):***

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

**Emergency Contact Information**

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

Signature (typing your name indicates electronic signature) Date

**Late submission or responses will result in late placement or placement postponed to next academic semester.**

**This is not a confidential document.**

**SUBMIT WITH RESUME & EVALUATION TO:** [**https://ww3.hunter.cuny.edu/ssw/view.php?id=58552**](https://ww3.hunter.cuny.edu/ssw/view.php?id=58552)