



School of Social Work
BSW Field Program

FIELD PRACTICUM PLANNING AGREEMENT
For use by Employers and USF School of Social Work Students

The purpose of this agreement is to encourage information sharing and commitment by all parties involved in planning for the educational success of ____ (employee/student name) and ____ (agency name). The employee is enrolling in the USF School of Social Work to pursue a degree in social work and will be required as a part of that enrollment to complete a field internship. Standards for this internship have been approved by our accrediting body, the Council on Social Work Education and have very clear goals and expectations. For a student to be successful in this endeavor, it is beneficial if each person involved understands the expectations of each of the others. For that purpose, we have created this agreement and the attachments for agencies and employee/students to assist in explaining the expectations of USF School of Social Work Field Program. We are aware this educational effort requires flexibility and planning of agencies and supervisors but believe you will find the overall functioning of your employee to improve during this same period as knowledge and skills are enhanced. Thank you for your assistance and we look forward to working with you.

To be completed by employee/student:

[] BSW Generalist (460 hours) or [] MSW Clinical Internship (900 hours)

Total semesters in internship: ____ Hours per semester of internship: ____

Starting date of Internship: ____ Completion date of Internship: ____

Student:

Plans to seek internship for new learning within employment agency? []yes []no

Would like to complete internship hours within regular hours of employment? []yes []no

Would like to complete internship in alternative agency? []yes []no

Would need flexibility by employer to complete internship hours during the usual hours in which agencies operate (M-F from 8-5)? []yes []no

Employee/Student signature

[Signature box]

Date

[Date box]

To be completed by agency representatives:

I have met with _____ (student/employee name) and agreed to work with the student to create new learning experiences within his/her employment agency.

The following persons have spoken with the student and are committed to negotiate and inform the student/employee of their ability to work provide them with the requested new learning opportunities. We request the signatures of all key persons involved in planning the new learning opportunity experience. In addition to the signatures, please complete the following questions:

I. When completing the internship within the employment agency or its affiliates, we are willing to allow the student to complete the internship hours as a part of the total employment hours required.

yes no

II. We will work with the student by finding flexible employment hours which allows the student to complete internship within the usual hours in which field agencies operate (M-F from 8-5).

yes no

III. Signatures required:

A*. Name of Agency Director/CEO (print) _____

Signature

B*. Name of Employee's Supervisor (print) _____

Signature

C. Name and credentials of social worker eligible to provide onsite supervision to student:

(print) _____

Signature

Supervisor of program where employee/student would complete internship (if applicable).

Name (print) _____

Signature

Others as needed:

Name (print) _____

Signature

Position _____

*only items 1 and 2 need be completed if employee/student requests internship to be completed with a different agency