



School of Social Work – Office of Field Education
 College of Human Ecology
 East Carolina University
 221 Rivers Building • Greenville, NC 27858-4353
 Office: (252) 328 – 4383 • Fax: (252) 328 – 2951

Return to the Field Office

Agency Information Form

Date _____

Agency Name _____ Website: _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Agency Director _____ Phone _____ E-mail _____

Field Ed. Contact _____ Phone _____ E-mail _____

1. LEVEL OF PLACEMENT (Please indicate number of the students the agency can accept each semester.)

BSW _____ Foundation MSW _____ Advanced MSW _____

2. AGENCY SPECIALIZATIONS (Check all that apply).

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Poverty | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Legislative/Political/Policy | <input type="checkbox"/> Organizing | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Families | <input type="checkbox"/> Health | <input type="checkbox"/> Residential Care | <input type="checkbox"/> Administration | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Community-Based Services | <input type="checkbox"/> Supervision | <input type="checkbox"/> Research |
| <input type="checkbox"/> Women | <input type="checkbox"/> Education | <input type="checkbox"/> Public School | <input type="checkbox"/> Men | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Special Populations _____ | | | |

3. AUSPICES OF AGENCY

Private, Nonprofit

Private, For profit

- Public Local City County State Federal Regional

4. SOCIAL WORK SERVICES PROVIDED (Check all that apply).

- | | | | | |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> Case management | <input type="checkbox"/> Assessments | <input type="checkbox"/> Client transportation | <input type="checkbox"/> Mediation | <input type="checkbox"/> Casework |
| <input type="checkbox"/> Investigations | <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Group Work |
| <input type="checkbox"/> Group therapy | <input type="checkbox"/> Community organizing | <input type="checkbox"/> Information/referral | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Client advocacy | <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Research | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Legal advocacy | <input type="checkbox"/> Education/training | <input type="checkbox"/> Discharge planning | <input type="checkbox"/> Financial aid | <input type="checkbox"/> Other |

5. Is your agency accessible to students with disabilities? Yes No

6. Transportation: Is your agency accessible through public transportation? Yes No

7. Do you have any financial resources available (stipends) for Field students? Yes No

If yes, please provide information regarding eligibility, amount of compensation etc.

8. Do you have placement opportunities for evenings or weekends? Yes No

If yes, please describe and note hours: _____

DESCRIBE UNIQUE LEARNING EXPERIENCES AND OPPORTUNITIES

Please attach any available agency or program brochures