

**EAST CAROLINA UNIVERSITY SCHOOL OF SOCIAL WORK  
AGENCY VISIT FORM**

**Student:** Please fill this out at the beginning of your field placement and return it to your Seminar Instructor by the second Seminar Class. Failure to submit this form by the deadline could impact your eligibility to remain in Field.

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**AGENCY INFORMATION**

Name: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

**Please provide detailed directions to your agency, remembering to include any helpful information (i.e., parking, building characteristics, cross streets).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIELD INSTRUCTOR INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your Field Instructor on-site?     Yes     No

**TASK SUPERVISOR INFORMATION** *(if applicable)*

Task Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_