

Please return to Office
of Field Education



College of Human Ecology
School of Social Work Office of Field Education
221 Rivers Building, Greenville, NC 27858

**FIELD INSTRUCTOR/TASK SUPERVISOR
INFORMATION SHEET**

NAME: _____ DATE: _____

STUDENT'S NAME: _____

TELEPHONE: _____ FAX: _____

CELL #: _____

NAME OF AGENCY: _____

AGENCY ADDRESS: _____

_____ CITY STATE ZIP

EMAIL ADDRESS: _____ @ _____

CURRENT POSITION: _____

EDUCATION: Degree _____

Date Earned _____

Name of School _____

Location _____

Degree _____

Date Earned _____

Name of School _____

Location _____

Number of Years as ECU Field Instructor _____

Total Number of Years as Field Instructor _____

Completed Field Instruction Training Yes _____ No _____

PLEASE ATTACH YOUR RESUME