JOINT MASTER OF SOCIAL WORK PROGRAM

REQUEST FOR EVALUATION OF WORK SITE FOR MSW INTERNSHIP

(To be completed by student and returned to one of the Co-Directors of Field Instruction)

This form is to be completed by students who are requesting the use of their place of employment as an internship site. There must be clear differentiation between students' paid work hours and internship. Use of the work site as an internship must have been discussed with the Co-Directors of Field Instruction at the time of application to field. A work site may be approved only if the student's employer is willing to meet all field criteria and requirements.

Approved internship sites must meet the following minimum criteria:

- 1. Afford learning opportunities to develop and demonstrate the JMSW generalist or specialist year practice behaviors.
- 2. Value the student's educational experience by making programmatic accommodations to meet the student's learning needs, as necessary.
- 3. Assign a qualified MSW field instructor who meets the criteria as specified in the most current *JMSW Field Instruction Manual* (.org)

Date:			
Student-Employe	ee Name:		
	Last	First	M.I.
Agency:	. // L 1. /D		
Name of Departn	nent/Unit/Program:		
Agency Address:			
Phone	Fax		
Name and Title o	of Executive Officer:		
	sor or Administrator (person wite internship:		
Phone:	Email:		
How long have y	ou been employed by this orga	nization?	
Agency personne	el who would be involved in the	e internship:	
Name of propose	d field instructor		Phone
Name of current	work supervisor		Phone

Present work supervisor to provide information below about the student-employee's proposed work and internship hours.				
Work schedule: Day(s)	Time(s)			
Internship schedule: Day(s)	Time (s)			
title/position. How long you have worked	s and responsibilities. Identify your current for this employer? How long have you held this elated tasks and activities related to your current cription.			
* * *	nd responsibilities. Identify other titles/positions held. ies related to the past positions held. Include student-			
	uired of the student-employee during the internship. ten description. Identify the client population and essed.			

Signature of Agency Executive	Date	
Signature of MSW Coordinator/Contact Person	Date	