

**Department of Social Work**

**BSW**

**Worksite Placement Request and Evaluation**

Student Name: Starting Semester Student WKU ID#

Agency:

Address, City, Zip:

 Tital

 Total

Agency Contact Person: Title:

 Tital

 Tital

Employment Supervisor: Telephone:

 Tital

 Tital

BSW Field Instructor: Credentials:

Field Instructor email:

**Student Information**

Current Job Title:

(Attach current Job Description)

 Tital

Length of time in current postion:

Describe the nature of your agency, the different types of constituents served, the problems they present and services provided.

**Each semester’s worksite placement must provide a different learning experience.** For each semester, please specify a **minimum** of **three** ways in which your practicum responsibilites will differ from those of your regular job for each semester. Please mention any projects to be implemented and/or assignments that differ from those of your “regular” position.

BSW – Semester One

1

2

3

BSW- Semester Two

1

2

3

There must be reassigned time to undertake tasks that are not part of your regular job. Please indicate times of the week you will be in practicum status and which times you will be in employee status. Please indicate the number of hours per week that you will be paid. What are your total practicum hours per week, both paid and unpaid?

Please note: An application for worksite field placement does not guarantee such placement. Students, in conjunction with agency administration and the Field Director, must demonstrate that such a placement will satisfy the student’s educational needs.

I have reviewed the worksite practicum proposal and I am in agreement with this proposal.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: YES NO

Field Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_