AGENCY FIELD PRACTICUM INTERVIEW VERTIFICATION

CONFIDENTIAL

Complete and return to the Department of Field Instruction after the student’s pre-placement interview.

Date of Pre-Placement Interview: __________________________

Name of Interviewer: ___________________________ Position/Title: __________________________

Name of Student: ____________________________

Year of Study: BSW ( ), BSW Block ( ), MSW1 ( ), MSW2 ( ), MSW3 ( ), MSW4 ( )

Placement Site: ____________________________

Field Instructor: ___________________________ Telephone Number: __________________________

Task Supervisor: ___________________________ Telephone Number: __________________________

( ) I accept the student for field placement for the academic year/semester

( ) I do not accept the student for field placement for the academic year/semester

Briefly provide your perception about the student’s ability to succeed as a social work intern at your agency.

____________________   __________
Signature of Interviewer   Date