FIELD PLACEMENT CONFIRMATION FORM

STUDENT INFORMATION

Name: ____________________________________________________________

UCF Email: _______________________________________________________

Phone Number: ____________________________________________________

STATUS

(FT = Full Time, PT = Part Time, ADVS = Advanced Standing)

☐ BSW FT  ☐ MSW Generalist FT  ☐ MSW Clinical FT  ☐ MSW ADVS FT

☐ BSW PT  ☐ MSW Generalist PT  ☐ MSW Clinical PT  ☐ MSW ADVS PT

AGENCY INFORMATION:

Agency Name: _____________________________________________________

Address: __________________________________________________________

Phone Number:_____________ Program/Field Site: ________________

Agency Field Instructor: ______________________________________________

Email Address: ___________________________________________Phone Number: _________

Agency Task Supervisor: (if applicable) ________________________________

Email Address: ___________________________________________Phone Number: _________

SIGNATURES:

The signatures below confirm that the student and field instructor agree upon a field placement at the above agency and that the field instructor can provide a minimum of one hour of supervision per week:

_________________________________________  __________________________

Student Signature  Date

_________________________________________  __________________________

Agency Field Instructor Signature  Date

THIS FORM MUST BE SUBMITTED TO THE FIELD EDUCATION OFFICE PRIOR TO THE BEGINNING OF THE FIELD PLACEMENT IN ORDER FOR ALL FIELD HOURS TO COUNT

Rev. 6/2015