FLORIDA STATE UNIVERSITY
COLLEGE OF SOCIAL WORK
OFFICE OF FIELD EDUCATION
AGENCY DATA SHEET

Agency Name: __________________________________________

Address: ______________________________________________

City: __________________________________________________

State: ___________________________ Zip Code: _______________

Phone: (____) ___________________ Fax: _____________________

Email: ___________________________ Website: __________________

Agency Type: (Select the one that most applies)

| __ Administration | __ Health Care |
| __ Aging/ Gerontology | __ Housing |
| __ Alcohol, Drug or Substance Abuse | __ International |
| __ Child Welfare | __ Mental Health |
| __ Corrections/Criminal Justice | __ Public Assistance/Welfare |
| __ Developmental Disabilities | __ Occupational |
| __ Domestic Violence/Crisis Intervention | __ Rehabilitation |
| __ Family Services | __ School Social Work |
| __ Group Services | __ Social Policy |

Other: __________________________________________________

Area Location: (Select one that is closest to the agency location)

| __ Gainesville Area | __ Out of State |
| __ International | __ Panama City Area |
| __ Jacksonville Area | __ Pensacola Area |
| __ Miami/South Florida Area | __ Tampa Bay Area |
| __ Orlando Area | __ Tallahassee Area |

Agency Description: Please write a brief narrative description of the agency’s primary function, including population served, age ranges of clients, role of social worker, etc. If more space is needed, add on to the back of this form.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Special Placement Information: Please include information such as whether a student will need transportation, is travel reimbursed by the agency, is a stipend available, do students need liability insurance, is video or audio taping permitted, what are the agency’s hours, are weekend and evening hours available for working students, is the agency accessible by bus? Please include any other information that students may need to know about the agency.

Types of Students accepted: (Check all that apply)

Generalists:

___ BSW (32 hours per week/one semester)
___ MSW (1st year students 27 hours per week/one semester)

**Note: Weekly hours in field placement increase during summer semester

___ MSW (2nd year and Advanced Standing Students – 32 hours per week/one semester)

Graduate Students specialize in one of two areas; please indicate any preferences:
___ Social Policy and Administration
___ Clinical

___ Part-time BSW (12-16 hours per week over two semesters)
___ Part-time MSW (12-16 hours per week over two semesters)

Additional Comments: ________________________________

Agency Contact Person: ______________________________

E-mail: ____________________________ Phone: ____________________________
Fax: ____________________________ Web Address: ____________________________
Please attach resumes for MSW supervisors.

Thank you for your interest in our interns!

Please return this form to: COLLEGE OF SOCIAL WORK
OFFICE OF FIELD EDUCATION
296 Champions Way
PO Box 3062570
TALLAHASSEE, FL 32306-2570
Tel: (850) 644-4860
E-mail: field@csw.fsu.edu
Fax: (850) 644-9750