



**Yeshiva University**  
**WURZWEILER SCHOOL OF SOCIAL WORK**

Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Main Phone # \_\_\_\_\_

Main Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Contact person for internships \_\_\_\_\_

Title \_\_\_\_\_ Direct Phone # \_\_\_\_\_

Email \_\_\_\_\_

Is there more than 1 location: Y \_\_\_\_\_ or N \_\_\_\_\_

**NAME AND LOCATION OF FIELD PLACEMENT PROGRAMS/BRANCHES**

Branch Name \_\_\_\_\_ Branch Phone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Days/hours branch is open \_\_\_\_\_

Proposed Field Instructor (minimum 3 years post MSW experience plus a state license)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

Site Address \_\_\_\_\_  
(Street) (City) (State/Zip)

License # \_\_\_\_\_ In what state is the Field Instructor Licensed to practice? \_\_\_\_\_

If practicing in NY State did you complete the SIFI? Y \_\_\_\_\_ or N \_\_\_\_\_

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

Branch Name \_\_\_\_\_ Branch Phone # \_\_\_\_\_

Address \_\_\_\_\_

Days/hours branch is open \_\_\_\_\_

Proposed Field Instructor (minimum 3 years post MSW experience plus a state license)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Site Address \_\_\_\_\_

License # \_\_\_\_\_ In what state is the Field Instructor Licensed to practice? \_\_\_\_\_

If practicing in NY State did you complete the SIFI? Y \_\_\_\_\_ or N \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

**PLEASE CHECK YOUR AGENCY'S PRIMARY FIELD (S) OF PRACTICE FROM THE LIST BELOW:**

	Aging/Gerontology Social Work	<b>Developmental Disabilities*</b>	
	Alcohol, Drug or Substance Abuse	Public Assistance/Public Welfare	
	<b>Child Welfare *</b>	Rehabilitation	
	<b>Adolescents and transitional age youth*</b>	<b>School Social Work*</b>	
	Community Planning	Homeless	
	Corrections/Criminal Justice	Immigration	
	<b>Family Services*</b>	Domestic Violence	
	<b>Group Services*</b>	Clinical practice with groups	
	Health	Community social work	
	<b>Mental Health*</b>	Clinical practice with individual & families	
	<b>Occupational/Industrial Social Work</b>	Other:	

**\*If these placements in particular provide clinical services to high risk adolescents, please note.**

**Characteristics of Population Served: (eg., age; sex; economics; religious; ethnic; racial background; etc.)**

**Number of students requested for 2019/2020 school year:**

<b>Student Type</b>	<b>Number of students</b>	<b>Location (s)</b>	<b>Primary Tasks</b>
<b>1<sup>st</sup> year</b>			
<b>2<sup>nd</sup> year</b>			
<b>Advanced Standing</b>			

**First year:**

Students are required to have a generic assignment with opportunity to work with individuals, families, groups and communities.

**Second year:**

Student selects a primary specialization from Clinical Practice with Individuals and Families, Clinical Practice with Groups and Community Social Work.

**III. Additional Considerations:**

Availability of financial support (e.g., specify work/study, scholarships, stipends)

Special requirements of students (e.g., special hours, home visits, car, particular language, physical exam, etc.):

Do you provide placements for **MSW** students from other schools? If so, please give name(s) of schools(s):

Additional Comments:

\_\_\_\_\_  
Respondent Name

\_\_\_\_\_  
Respondent Title

\_\_\_\_\_  
Respondent Email

\_\_\_\_\_  
Respondent Phone #

Please return form to: [wsswfield@yu.edu](mailto:wsswfield@yu.edu)