

## AGENCY FIELD PLACEMENT REQUEST FORM

\*Please complete the following information for EACH separate department, program or location where placements for NYU students are available. If you need additional forms, please photocopy.

Agency Name: \_\_\_\_\_

Division/Department/Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street
City
State
Zip Code

Indicate number of placements available:

(a) MSW: Either 1 <sup>st</sup> or 2 <sup>nd</sup> Year	3 days, 21 hrs/wk	Sept-May	Number of Placements:
(b) MSW: 1 <sup>st</sup> Year	3 days, 21 hrs/wk	Sept-May	Number of Placements:
(c) MSW: 2 <sup>nd</sup> Year	3 days, 21 hrs/wk	Sept-May	Number of Placements:
(d) MSW: Extended Program: 1 <sup>st</sup> Year	15 hrs/wk	Sept-July	Number of Placements:
(e) MSW: 32 Month Program: 1 <sup>st</sup> Year	13 hrs/wk eve/weekend	May - May	Number of Placements:
(f) MSW: 32 Month Program: 2 <sup>nd</sup> Year	13 hrs/wk eve/weekend	May - May	Number of Placements:
(g) BS: Senior	3 days, 21 hrs/wk	Sept-May	Number of Placements:

TOTAL NUMBER OF PLACEMENTS: \_\_\_\_\_

Educational Coordinator: \_\_\_\_\_  
Name
Phone
Email

Field Instructor	Phone	Email	Completed Required Seminar (SIFI)?	New to Supervising NYU students?
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Field Learning Hours**

Specify if it essential that the student be present in the agency on a particular day (e.g., team meetings) or during specific hours (e.g., other than a typical 9 a.m. – 5 p.m. schedule): \_\_\_\_\_

**Language:**

Please indicate language(s) preferred or required, if any:

	Preferred	Required
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mandarin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cantonese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Russian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

If language requirement applies to some, not all, of the placements within your agency, please specify: \_\_\_\_\_

**Additional Information**

Any preferences for or requirements of a student that have not been covered: \_\_\_\_\_

**Information for First Day of Field Learning:**

Students are notified to contact the agency for information regarding reporting on the first day of field placement.

Questionnaire Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_