



Stony Brook University
School of Social Welfare

Stony Brook University
School of Social Welfare
Office of Field Education
Stony Brook, New York 11794-8231
Telephone: (631) 444-2143

FIELD PLACEMENT OPPORTUNITIES FORM

Date: _____

(PLEASE TYPE)

Agency Name: _____

Agency Address: _____

Telephone Number: _____

Name/Title of Agency Administrator: _____

E-mail Address: _____

Name/Title of contact person
about student placement: _____

E-mail/Telephone#: _____

1. Briefly Describe the Following: (Attach Agency Descriptive Materials/Brochure *in addition* to completing the information below):

A. Agency Function, Purpose and Goals:

B. What is the Source of Agency's Funding?

C. What is the Safety Protocol for Students/Staff? (Safety protocol must be reviewed with the student upon start of field placement).

D. Can you offer a placement opportunity in one of our specialization options?

If Yes, please check the appropriate one(s).

Trauma _____ Substance Abuse _____ Health/Mental Health _____
Student Community Development/Higher Education _____
Community and Political Social Action _____

2. Proposed student assignment. Please describe examples of a proposed student assignment below.

A. Micro level assignments) i.e., individual and families):

B. Macro level assignments (research, program planning, administration, community Work, Advocacy):

C. Group assignments (short-term, open, al, social, mutual support, etc.):

3. Student Field Placement Opportunities (whenever possible, we prefer to place a minimum of two students in an agency).

A. How many students can we place at your agency?
(Please indicate the number of students for each level)

UG _____ G1 _____ G2 _____

B. Number of hours per week agency prefers/requires:

C. Days of week agency prefers/requires:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

D. Are evening fieldwork hours available?

Yes _____ No _____

If yes, which days/hours?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

E. Are weekend field hours available?

Yes _____ No _____

If yes, please elaborate.

4. Can agency accommodate other types of scheduling **flexibility** (i.e., 1 day and 2 evenings; 4 mornings or 4 afternoons; 14 hours/week over three days, etc.)

If yes, please elaborate:

5. Need for a car?

Yes _____ No _____

6. If student needs to do home visits or community work, is mileage reimbursed?

Yes _____ No _____

7. Is agency car provided?

Yes _____ No _____

8. Is financial assistance or stipend available? If so, please explain:

9. Is your agency available by public transportation?

Yes _____ No _____

If yes:

Bus _____ By Train _____ Both _____

Please
specify Route
or Train
Branch: _____

A. Is your program accessible to persons with disabilities?

Yes _____ No _____

10. Do you have an Affiliation Agreement with Stony Brook

University? If NO, we will send you a boiler plate agreement for your agency to complete.

Yes _____ No _____

11. Please list the names of field instructors currently available to provide field education

Supervision, and indicate if SIFI certified and year taken.

Please use opposite side if needed.

Name	SIFI	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Form completed by: _____ Telephone#: _____

Please e-mail form back to: sswfieldoffice@stonybrook.edu

Please note: *The e-mail address, sswfieldoffice@stonybrook.edu has been specifically and solely created for the purpose of receiving electronic forms. For other inquiries and communications, please contact us at through our Stony Brook University e-mail.*

Mailing address option:

Office of Field Education
Health Sciences Center
School of Social Welfare,
Level 2, Room 091

Stony Brook University
Stony Brook, NY 11794-8321

THANK YOU FOR YOUR TIME AND EFFORT