

MASW PROGRAM

DEPARTMENT OF SOCIAL WORK

FIELD PLACEMENT STUDENT PROFILE

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Directions for Completion: (**Please type.**)

Students must undergo a meaningful self-assessment before they can participate in the selection of appropriate field placements. This form provides a structured method for you to conduct this self-assessment and will assist in making an appropriate match between your expectations, needs, and educational goals. This form will also assist the agency in developing a meaningful practicum experience. ***Please note: this profile is often sent to placement agencies. Please complete the form in its entirety and using professional language.***

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| PHONE |  |
| Program Concentration/Preferred Population |  |

1. List your employment history, starting with the most recent employer.
2. Share what experiences you have in working with your preferred populations either in personal, volunteer, or employment capacities.

1. List any other social work related volunteer experiences not already discussed.

1. **Do you speak or read any languages other than English?**.
2. **Aside from group projects assigned as part of your classes, do you have any experience with group settings (support, education, youth groups, etc.)?**
3. List the main characteristics of your personality (e.g. passive, assertive, easily intimidated, eager, anxious, shy, creative, etc.)
4. List at least two (2) things about you that you consider to be your assets--your strongest points. Be very specific and personal; do not just say, "I think I have good skills", but "I learn quickly" or "I can handle a lot of pressure."
5. List at least two (2) things that you need to work on improving or skills you need to learn.

1. What kind of climate or learning environment is necessary in a field placement for you to learn or to be productive?
2. What do you want from a supervisor?
3. What are your specific goals for the field placement?
4. Review your answers to all the previous questions. Is there anything you expect from your practicum placement that has not been covered? If so, list below and comment on each.
5. Is there anything that might interrupt your placement?
6. Do you have reliable transportation?

|  |  |
| --- | --- |
| **Yes** |  |

|  |  |
| --- | --- |
| **No** |  |

**16. What days of the week and times will you be available for placement**

**(M W F are normally the scheduled days)?**

Submission via email to the Field Director acknowledges that you consent to our releasing the above information to prospective agencies and that you understand that some agencies may require additional information such as health screenings, criminal background checks, and drug screens.

**Note**: Students needing an accommodation for a disability should direct their requests to the agency director after they have been accepted for the practicum. Please contact the Office of Disability Services for information on transportation and other resources.

**NOTE: Please keep Questions 17-20 located on the next page, separate from the other questions since this information is used for screening purposes and does not go to the agency.**

**NOTE: These Questions & Responses are not sent to the prospective agencies.**

**17.** **What are your career goals?**

**18.**  **Are you registered with the Office of Disability Services/Do you have any physical, learning, or mental condition that should be considered in planning a field placement? If so, please indicate your limitations and needs as a result of this condition.**

**19. Many agencies request a background check prior to hiring. Please disclose potential activity that may show up that would prevent you from interning at certain locations.**

**20. Considering your responses to the previous questions and your current situation and desires, what kind of setting would you want for your practicum placement? List at least three types of agencies, populations and/or fields of practice in rank order with the first being the most desired.**

**Please note: indicating a preference does NOT guarantee placement in a particular agency or location.**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Criminal Records Disclosure**

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Ohio Counselor, Social Worker, and Marriage and Family Therapist Licensing Board requires that you complete a form detailing any criminal history. To help prepare you for this process and to help screen potential senior placements, we are asking you to complete this application. You will NOT automatically be denied admission to the Department of Social Work or, in the future, a license to practice. However, failure to accurately provide this information will be considered falsification. If you have any questions about this process, please make an appointment with the Program Director.

The following language has been taken from the Licensing Board and also applies to the WSU Department of Social Work application:

*The Board does not pre-evaluate criminal convictions; the evaluation is a part of the application process. Since the Board has the responsibility to protect the public, a primary objective of the Board is to ensure applications for licenses from applicants with criminal convictions have documentation on file that gets an appropriate review. For this reason, the Board evaluates all misdemeanors and felony convictions in the same manner for each type of professional license.*

*All applicants are required under law to report all misdemeanor and felony convictions unless they are only minor traffic violations. All charges and/or convictions require a “yes” answer, even if the original charge and conviction is in an expunged status. Failure to report any police record is falsification of an application and is grounds for denial of an application. When reporting convictions, the applicant is required to provide a complete explanation of the underlying circumstances, sufficient rehabilitation evidence and a copy of the court documents. The Board evaluates each application with any reported convictions on a case-by-case basis to make a determination concerning the applicant’s ability to practice with safety to the public. Included in the Board’s evaluation is the nature and severity of the offense, additional subsequent acts, timeframe of crime, compliance with sanctions, and evidence of rehabilitation. (*[*http://cswmft.ohio.gov*](http://cswmft.ohio.gov) *or* [*http://cswmft.info@cswb.state.oh.us*](http://cswmft.info@cswb.state.oh.us)*)*

Please answer the following questions:

1. Have you ever been convicted of a misdemeanor, other than a traffic offense?

\_\_\_\_\_\_NO

\_\_\_\_\_\_YES. If yes, please provide detailed information, and include any disciplinary actions. Additional documentation may be required.

1. Have you ever been convicted of a felony?

\_\_\_\_\_\_\_NO

\_\_\_\_\_\_YES. If yes, please provide detailed information, and include any disciplinary

actions. Additional documentation may be required.