

**Texas A&M University-Commerce
Social Work Program**

Student Application for MSW Field Practicum

Date of Application _____

Check which field practicum you are applying for:

SWK 553 (Foundation) SWK 554 (Spring, Summer and Fall)

For Field Placement during the Semester of (indicate year): _____ of _____
(Spring, Summer or Fall) (Year)

I. PERSONAL INFORMATION:

Name: _____ CWID Number: _____

Local Street Address or Box # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

LEOMail address: _____

Birthdate: _____

Driver's License Number: _____ (State): _____ Expiration Date: _____

Do you have transportation during the practicum? _____

Do you speak a foreign language? _____ If yes, specify _____

Current Employer: _____ Hours/week: _____

Employment during Field: _____ Hours/week: _____

Emergency Contact (other than home address & phone #):

Name: _____ *Phone:* _____

Address: _____

Relationship: _____

II. WORK EXPERIENCE:

Briefly list any volunteer experiences, including name of organization, dates of involvement, and types of responsibilities you were involved with:

Briefly describe your paid work experience, including name of employer, location, dates of employment, and type of work performed, beginning with the most current:

III. Academic Information:

Please address your plan to meet the academic rigor of the MSW during the field placement:

IV. POTENTIAL FIELD INTERESTS:

Please choose a particular population or setting in which you are interested in gaining experience. Please prioritize from 1-5, with 1 being your most preferred area:

- | | | |
|---|--|--|
| <input type="checkbox"/> Aged/Elderly | <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Child Welfare (CPS) |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Family Services | <input type="checkbox"/> Children |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Medical/Health | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Community Dev/planning | <input type="checkbox"/> Other (specify) |

In what area of social work would you like to practice upon graduation?

Field Preferences: Please list your top three choices of field agencies to be placed. *Student preferences are important in making field matches, but the final selection of a field placement will be made by the Field Director, based on availability of placements, learning opportunities, and student needs.*

1. _____

2. _____

3. _____

Geographic Preferences: Please prioritize from 1-5, with 1 being your most preferred area:

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Sulpher Springs | <input type="checkbox"/> Greenville | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Terrell | <input type="checkbox"/> Paris | <input type="checkbox"/> Bonham |
| <input type="checkbox"/> Sherman | <input type="checkbox"/> Mesquite/Garland | <input type="checkbox"/> Dallas |
| <input type="checkbox"/> Other (specify): | | |

You should be able to attend practicum during normal business hours, i.e., Monday-Friday, 8:00am-5:00pm.

V. LIFE ISSUES, PERSONAL & PROFESSIONAL DEVELOPMENT:

Please answer the following questions as openly & honestly as possible. Your responses will be helpful to the Field Director in making decisions regarding recommended field settings, and for discussing your strengths & weaknesses as a future social worker.

a. Have you ever been party to a civil lawsuit? _____ Yes _____ No
If yes, please explain & elaborate

b. Have you every been arrested or convicted of a misdemeanor or felony? _____ Yes _____ No
If yes, please explain & elaborate

c. Have you ever received counseling, therapy or treatment related to an emotional or mental issue or problem? _____ Yes _____ No
If yes, please explain & elaborate.

d. Do you currently have any emotional, mental, or behavioral issues for which you have not sought treatment? _____ Yes _____ No
If yes, please explain & elaborate.

e. What, if any, community services/resources have you utilized or been involved with? Please elaborate.

VI. *SELF-ASSESSMENT OF SKILL LEVEL:

Please indicate your perception of your level of ability in each area using the following scale:

- 5 = High level of competence - extensive experience in the skill area
- 4 = Moderately high level of competence - good experience in the skill area
- 3 = Average level of competence – some experience in the skill area
- 2 = Low level of competence – little experience in the skill area
- 1 = No level of competence – no experience in the skill area

	Skill areas	5	4	3	2	1
1.	Communication Skills					
	a. Verbal/Expressive Language Skills					
	b. Listening Skills					
	c. Written Skills					
	d. Understanding of Non-Verbal Skills					
2.	Assessment of Client Systems					
	a. Individuals					
	b. Families/households					
	c. Groups					
	d. Organizations					
	e. Neighborhoods/Communities					
3.	Contracting and Formulating Goals					
	a. With an individual					
	b. With a group					
	c. With a family/household					
	d. With an organization					
	e. With a neighborhood or community					
4.	Intervention Skills					
	a. Establishing and maintaining empathic relationships					
	b. Crisis intervention					
	c. Counseling skills					
	d. Case management skills					
	e. Advocacy skills					
	f. Brokerage skills (information & referral, resource identification)					
	g. Mediation skills (conflict resolution, consensus building)					
	h. Networking skills					
	i. Group facilitation skills					
	j. Education/training skills					
	k. Termination skills					
5.	Ability to apply Theory to Practice					
	List applicable theories for your practice:					
6.	Familiarity with Specialized Fields & Terminology:					
	a. Psychiatric/mental health (including DSM IV)					
	b. Medical					
	c. Child Welfare					
	d. Gerontology					
	e. Other (please describe)					

	Skill areas – continued	5	4	3	2	1
7,	Professional Recording Skills					
	a. Process recordings					
	b. Social histories					
	c. Individual progress notes					
	d. Group progress notes					
	e. Agency or community needs assessment					
	f. Agency correspondence					
8.	Awareness in practice situations of:					
	a. Sexism					
	b. Racism					
	c. Ageism					
	d. Heterosexism					
	e. Classism					
9.	Experience with:					
	a. Policy analysis (in practice setting)					
	b. Program evaluation					
10.	Understanding Professional Areas of Practice:					
	a. Supervision & evaluation of your practice (by others)					
	b. Supervision skills (supervising others)					
	c. Familiarity with the NASW Code of Ethics					
	d. Recognition of ethical dilemmas in practice					
	e. Personal stress management					
	f. Self-direction and motivation					

* Modified from Colorado State University Field Manual, 1999-2002

If you are currently in Foundation Field (SWK 553), where are you placed? _____

Describe what you experiences you have had and what you've learned so far:

What specific types of learning experiences would you like to have in 2nd Year Field?

VII. PRACTICUM REQUIREMENTS AND STUDENT COMMITMENT:

Please initial each statement indicating you meet the stated requirements:

- ____ 1. I verify that all information contained in this application is true and accurate, and I have fully disclosed relevant information.
- ____ 2. I have completed all Social Work courses which are identified as prerequisites for Field, or I have discussed any exceptions with my academic advisor.
- ____ 3. I give my consent to release the information provided in my field application to potential field practicum sites.
- ____ 4. I agree to comply with all the requirements of the Field Practicum, prior to and during the actual placement, as stipulated by the Field Policies.
- ____ 5. I have read the NASW Social Work Code of Ethics and agree to abide by the Code of Ethics at all times.

I understand that violation of any of the above stated requirements will result in my disapproval, suspension or removal from the Field Practicum.

Student Signature

Date

Thank you for your time and thoughtfulness in completing this application. Please email the original of this form, with resume attached **along with a digital photo of yourself** to:

Brian Brumley, Field Education Director
MSWField@tamuc.edu

CRIMINAL BACKGROUND CHECK
Texas A&M University-Commerce
School of Social Work

Social workers hold positions of trust and often work with vulnerable clients. Therefore, a review of the criminal history, including convictions and deferred adjudication by a prospective social worker is necessary to protect the public's safety, health, and welfare.

The criminal history of an applicant to the School of Social Work will be considered in making admission determinations. Applicants who have such a history will be interviewed by the admissions director, director of the department of field instruction and a faculty member who will determine the student's suitability for admission. Failure to disclose a criminal history in response to admissions materials may be considered an attempt to defraud the university and may subject the student to immediate dismissal from the program.

Prospective students must be aware that agencies have the right to refuse to accept them for field practicum. Acceptance into the social work program does not guarantee a student a practicum if the refusal is based on a student's criminal history. Refusal of a practicum under such circumstances will not entitle the student to any refund of tuition or other fees incurred up to that point of the program. No student will be allowed to graduate with a degree in social work without completing the field placement requirement.

In addition, the Texas State Board of Social Work Examiners requires a specific case by case evaluation to determine eligibility for licensing. Graduation from the Texas A&M University-Commerce School of Social Work does not guarantee that a graduate with a criminal history will be eligible to sit for the state licensure exam. It is the responsibility of the students with such histories to inform themselves whether or not their particular circumstances may affect their eligibility for licensure.

Please answer the following question. Written explanation must accompany a "Yes" answer.

Yes No 1. Have you ever been convicted of or charged with a crime in any state or country, the disposition of which was other than acquittal or dismissal? Do not include Class C misdemeanor traffic offenses. (If "yes," include dates and location of criminal history.)

My signature indicates that I have read and answered the statement above truthfully to the best of my knowledge. I understand that any attempt to misrepresent the truth will be considered fraud and may result in termination from the program. I further understand that the following information, along with any accompanying written explanation, will be provided to agencies where I am assigned to interview.

Printed Name

Signature

Date