Please complete this form in its entirety. It assures we have the most accurate and up to date information on file.

**Agency Profile Update: 07/07**

**AGENCY PROFILE**

**Agency:**

**Address:**

City: ___________________________  State: ___________ Zip: ______________

Telephone: ______________________ Fax: ______________________

**Primary Field Instructor:**

**Secondary Contact Person:**

Which semester(s) does the agency generally offer a practicum placement?

- [ ] Fall  
- [ ] Spring  
- [ ] Summer

**FIELD OF PRACTICE** Check all that apply

- Aging  
- Child Welfare  
- Crime/Delinquency  
- Domestic Violence  
- Education  
- Family Services  
- Financial Assistance  
- Health Care  
- Housing  
- Legal Services  
- Mental Health  
- Recreation  
- Rehabilitation  
- Substance Abuse  
- Sexual Abuse

**POPULATIONS SERVED** Check all that apply

- Preschool Children  
- Elementary Aged Children  
- Adolescents  
- Young Adults  
- Middle Adults  
- Older Adults

**PRACTICUM REQUIREMENTS** Either regularly or sometimes

- Background Check  
- Professional Liability Insurance  
- Physical Exam/Inoculations  
- Transporting Clients  
- Use of Own Car  
- Evening Hours  
- Weekend Hours  
- Home Visits

**PRACTICUM SUPPORT** Either regularly or sometimes

- Stipend of $__________  
- Work Related Mileage $__________  
- Workshop/Conference Registration  
- Workshop/Conference Related Expenses  
- Lunches on Work Days  
- Agency Vehicle for Work Related Travel  
- Other __________________________

**PRACTICUM LEARNING OPPORTUNITIES**

Please note if the student’s involvement will be:

**Direct (D):** hands-on, either independently or in conjunction with another worker; OR

**Observation (O):** view activity performed by others.

- D ○ Advocacy  
- D ○ Budgeting  
- D ○ Care Planning  
- D ○ Case Management  
- D ○ Client Assessment  
- D ○ Client Counseling  
- D ○ Client Staffings  
- D ○ Community Relations  
- D ○ Community Planning  
- D ○ Counseling  
- D ○ Documentation  
- D ○ Evaluation or Research  
- D ○ Family Counseling  
- D ○ Fund Raising  
- D ○ Grant Writing  
- D ○ Group Work  
- D ○ Home Visits  
- D ○ In-Service Training  
- D ○ Inter-Agency Meetings  
- D ○ Intake  
- D ○ Interviewing  
- D ○ Program Development  
- D ○ Public Speaking  
- D ○ Referral  
- D ○ Staff Meetings  
- D ○ Teaching  
- D ○ Team Meetings/Projects  
- D ○ Other __________________________

Thank you for taking the time to complete this form!