



Division of Social Work
 Field Education Program
 6000 J Street, Sacramento, CA 95819-6090
 Phone: (916) 278-6943 / Fax: (916) 278-7167
 www.hhs.csus.edu/SWRK/Field

Field Instructor Information Form

Instructions: TYPE OR PRINT LEGIBLY IN BLACK INK ONLY. Please complete this form and return it to the address above.

Field Instructor Contact Information

Today's Date _____

Last Name:		First Name:		MI:
Title:				
Agency:				
Program/Site:				
Address:				
City:		State:		Zip:
Work Phone: ()		Work Fax: ()		E-mail:

Education

Institution and Location	Field of Study	Dates Attended	Degree and Date Received

Other Credentials/Licenses

(Please check all that apply.)

() LCSW Year Received _____	() MFT Year Received _____	() PPSC Year Received _____
() ACSW Year Received _____	() MSW Year Received _____	() Other (<i>specify</i>) _____ Year Received _____

Work Experience in Social Work

(Please list relevant work experience beginning with your most recent OR attach a resume. Please attach additional sheet(s) as necessary.)

Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		
Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		

Name and Location of Agency	Position	Dates Worked
Description of Duties/Responsibilities		

Student Supervisory Experience

Name and Location of Agency		
School	# of Students	# of Years/Months
Name and Location of Agency		
School	# of Students	# of Years/Months
Name and Location of Agency		
School	# of Students	# of Years/Months

Professional Publications

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Discuss practice models, theories & techniques you commonly use in your practice

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Discuss training, teaching style & the activities you will use in working with students

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Have you attended our 7-hour Orientation to Field Instructor Training? ()Yes ()No

If yes, when? _____

Have you attended a Field Instructor Training at another university Social Work program? ()Yes ()No

If yes, when? _____ Where? _____

Print Last Name: _____ **First Name:** _____

Signature: _____ **Date:** _____