



**STUDENT FIELD INTAKE FORM**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Contact: SAU email** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Class Standing:** MSW Foundation MSW Advanced BSW **Sem./ Year:** \_\_\_\_\_

**Desired Practicum Location: City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Are you a F-1 Student Visa holder?** Yes No **Languages Spoken:** \_\_\_\_\_

**Distance you are willing to drive:** \_\_\_\_\_ (miles to practicum)

**MSW Foundation Students only:**

Did you complete and obtain the benchmark for the MSW Field Practicum quizzes, located on the foundation homeroom in the online field module  Yes  No

**MSW Advance Students only:**

Did you complete and obtain the benchmark for MSW Field Practicum quiz, located on the advance homeroom in the online field module?  Yes  No

**The following assessment is to measure areas of interest you may have in an agency or field setting and in working with clients. Please circle the areas of interest you may have in working with clients:**

I have a future interest in seeking certification as a School Social Worker: Yes No

I have a future interest in focusing on clinical and micro aspects of the Social Work profession by getting licensed as an LCSW, in a mental health setting, etc. Yes No

I have a future interest in focusing on administrative and macro aspects of the Social Work profession by getting licensed as an LAPSW, etc. Yes No

**Who are you interested in working with?**

**Race:**

- White/Caucasian African American Islanders All/No preference  
Hispanic Native American Asian Other \_\_\_\_\_

**Gender:**

- Male Female Both

**Age:**

- 0-10 11-18 19-25 26-55 55-100 All/No preference



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**Future Professional Field of Interest:**

*Please rate your interest for each category from 1 to 5 for the type of work setting:*

1.....No Interest	2.....Very Little Interest	3.....Neutral Interest	4.....Medium Interest	5..... High Interest	
Children	1	2	3	4	5
Criminal Justice	1	2	3	4	5
Families	1	2	3	4	5
Geriatrics	1	2	3	4	5
Juvenile Justice	1	2	3	4	5
Medical Social Work	1	2	3	4	5
Mental Health	1	2	3	4	5
Policy & Advocacy	1	2	3	4	5
School Social Work	1	2	3	4	5
Substance Abuse	1	2	3	4	5

**PREVIOUS INTERNSHIPS**

Please list any previous internships/practicums:

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**AGENCIES OF INTEREST**

**Instructions:** Please share the following information for 3 possible agency choices you would like to complete your practicum in. **Contact these agencies to collect information, ONLY.** Once I receive your form, the Office of Field Education will connect with the agency to determine and confirm student availability, requirements, and to establish a partnership. If the agency is **your place of employment**, please include that.



**SOUTHERN**  
ADVENTIST UNIVERSITY  
School of Social Work  
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1. Agency Name: \_\_\_\_\_
- a. Address: \_\_\_\_\_
  - b. Contact Person: \_\_\_\_\_
  - c. Phone & Email : \_\_\_\_\_
  - d. Social Worker (include degree): \_\_\_\_\_
  - e. Phone & Email : \_\_\_\_\_
  - f. List opportunities available to students (e.g., case management, clinical work, community outreach, etc.)? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Agency Name: \_\_\_\_\_
- a. Address: \_\_\_\_\_
  - b. Contact Person: \_\_\_\_\_
  - c. Phone & Email : \_\_\_\_\_
  - d. Social Worker (include degree): \_\_\_\_\_
  - e. Phone & Email : \_\_\_\_\_
  - f. List opportunities available to students (e.g., case management, clinical work, community outreach, etc.)? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**STUDENT FIELD INTAKE FORM**

3. Agency Name: \_\_\_\_\_
- a. Address: \_\_\_\_\_
- b. Contact Person: \_\_\_\_\_
- c. Phone & Email : \_\_\_\_\_
- d. Social Worker (include degree): \_\_\_\_\_
- e. Phone & Email : \_\_\_\_\_
- f. List opportunities available to students (e.g., case management, clinical work, community outreach, etc.)? : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Notes/ Comments to share with Director of Field Education:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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**Office Use Only**

Confirmed Placement:

1. Agency Name: \_\_\_\_\_

○ Employment based:     Yes         No

○ Address: \_\_\_\_\_

○ Phone: \_\_\_\_\_

○ Email : \_\_\_\_\_

○ Field Instructor (include degree): \_\_\_\_\_

○ Phone & Email : \_\_\_\_\_

Independent Field Instructor         In Agency Field Instructor

○ Task Supervisor : \_\_\_\_\_

○ Phone & Email : \_\_\_\_\_

**Director of Field Education:** \_\_\_\_\_