

California State University, Long Beach (CSULB)
College of Health and Human Services (CHHS)
School of Social Work (SSW)
Field Education

Agency Assessment Form

I	Assessor Identification	Field Faculty Reviewer	_____
		Assessment Date	_____
II	Agency Identification	Agency Name	_____
		Agency Street	_____
		Agency City	_____
		Agency State	California
		Agency Zip Code	_____
		Agency Website	_____
		Agency Funding	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit
III	Program Identification <i>(if different)</i>	Program Name	_____
		Program Street	_____
		Program City	_____
		Program State	California
		Program Zip Code	_____
**	Has the agency hosted SW students in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Affiliation Agreement (AA) or Memorandum of Understanding (MOU)

AA/MOU's is a legal contract between CSULB SSW and the Agency.

The contract is required by CSULB and must be executed prior to the placement of student interns into the agency.

V	AA/MOU Contact	Contact Name	_____
		Title	_____
		Phone	_____
		Email	_____
	Contract Information	AA/MOU Number	_____
		Start Date	_____
		End Date	_____
If no contract is in place...	Is the agency interested in signing a contract?	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
	Has the agency been provided with a contract?	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
If unsure...	Would the agency like a CSULB representative to follow up with the agency regarding the potential contract status?	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Other	Does the agency have any other questions/concerns regarding the contract? If yes, please provide summary of question/concern below.	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	

Agency Requirements

Agencies are required to meet the requirements listed on our Field Education Website. A link to the site is below.
<http://www.csulb.edu/college-of-health-human-services/school-of-social-work/field-education-agency-information>

IV In this section, we will ask questions to clarify whether or not the agency meets the requirements.

Calendar	Is the agency willing to abide by the university calendar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No", please indicate requirements and discuss the need for student and field department agreement in writing prior to start.	<hr/> <hr/> <hr/> <hr/>
Policy and Procedures	Is the agency willing to comply with CSULB or SSW policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specializations	Please select the client population and services the agency provides.	<input type="checkbox"/> Adulthood and Aging <input type="checkbox"/> Child and Family Well-being <input type="checkbox"/> Integrated Health
Student	Please select the accommodations to which the agency provides to the student.	<input type="checkbox"/> Assistive Technologies (ex. e-reader) <input type="checkbox"/> Mobility (ex. Wheelchair)
	Please select the equipment or space to which the agency provides to the student.	<input type="checkbox"/> Individual Office Space <input type="checkbox"/> Shared Office Space <input type="checkbox"/> Desk and Chair <input type="checkbox"/> Computer <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
Workload/Caseload	Please select the work/caseloads in which the student may be exposed.	<input type="checkbox"/> Child Welfare (Title IV-E) <input type="checkbox"/> DMH Agency / DMH Contracted <input type="checkbox"/> PPSC <input type="checkbox"/> Other

General Contact Persons

The number of contacts in agencies and organizations vary greatly.

SSW would like to ensure the appropriate person(s) are contacted regarding internship related items.

VI	Director of Program	Contact Name	_____
	<i>(optional)</i>	Title/Role	_____
		Phone	_____
		Email	_____

Main Agency Contact	Every year, we will email the one person listed below with the field related items. The listed person will forward the field related items to their respective agency contacts.
<i>(required)</i>	<ul style="list-style-type: none">• Request for Interns (RFI)• Field Instructor Orientation (FIO)• Field Instructor Training Flyer (FIT)• Preceptor Training (PT)• Joint Symposium (JS)

Name	_____
Title/Role	_____
Phone	_____
Email	_____

Please Note: The RFI form will include additional contact fields for a more direct line of contact to notify the agency of students referred and for student contact.

MSW Field Instructor

Field Instructors are required to meet the requirements listed on our Field Education Website. A link to the site is below.

<http://www.csulb.edu/college-of-health-human-services/school-of-social-work/field-education-agency-information>

Please Note

To host students, each agency must have at least one person who meets the requirements listed on our site.

To verify that one person in your agency meets the requirements, we are asking you to provide their information below.

VII	MSW Field Instructor (FI)	Name	_____
		Title/Role	_____
		Phone	_____
		Email	_____
		Does this FI have an MSW degree from an accredited School of Social Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does this FI have 2 years post-masters practice experience in the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this FI able to provide supervision which meets the SSW supervision standards (listed below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none">▪ One hour per week.▪ Individual setting (FI and student only)▪ Live and face to face (not web-based)	
		Is the FI committed to supervising the student for the entire internship period or time the student is in placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the FI knowledgeable of or skilled in the program area in which the student will be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the FI able to provide comprehensive orientation to the agency and its services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the FI able to provide individualized activities and assignments to the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the field instructor completed FI Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please list the FIT school.		_____	
If "No", is the FI able to attend the training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

BASW Field Instructor

Field Instructors are required to meet the requirements listed on our Field Education Website. A link to the site is below.

<http://www.csulb.edu/college-of-health-human-services/school-of-social-work/field-education-agency-information>

Please Note

To host students, each agency must have at least one person who meets the requirements listed on our site.

To verify that one person in your agency meets the requirements, we are asking you to provide their information below.

VIII	BSW Field Instructor (FI)	Name	_____
		Title/Role	_____
		Phone	_____
		Email	_____
		Does this FI have an BSW degree from an accredited School of Social Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does this FI have 2 years post-masters practice experience in the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is this FI able to provide supervision which meets the SSW supervision standards (listed below)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<ul style="list-style-type: none">▪ One hour per week.▪ Individual setting (FI and student only)▪ Live and face to face (not web-based)	
		Is the FI committed to supervising the student for the entire internship period or time the student is in placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Is the FI knowledgeable of or skilled in the program area in which the student will be located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the FI able to provide comprehensive orientation to the agency and its services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the FI able to provide individualized activities and assignments to the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the field instructor completed FI Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please list the FIT school.	_____		
If "No", is the FI able to attend the training?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Internship Opportunity Information

IX

Learning Opportunities

What learning opportunities does the agency provide?

- | | |
|--|--|
| <input type="checkbox"/> Micro (____% of Exp) | <input type="checkbox"/> Mezzo/Macro (____% of Exp) |
| <input type="checkbox"/> Adolescents/TAY | <input type="checkbox"/> Agency/Staff and/or Board Meetings |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Assessments |
| <input type="checkbox"/> Advocacy Assessments | <input type="checkbox"/> Case Conferences |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Committee Assignments |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Community Networking Linkages |
| <input type="checkbox"/> Children | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Community Networking Linkages | <input type="checkbox"/> Fiscal Budgetary Issues |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Group Work |
| <input type="checkbox"/> Diagnostic Assessment | <input type="checkbox"/> Inter/Multidisciplinary Team Meetings |
| <input type="checkbox"/> Discharge Planning | <input type="checkbox"/> Interviews |
| <input type="checkbox"/> Families | <input type="checkbox"/> Macro Project |
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Outreach/Recruitment efforts |
| <input type="checkbox"/> Inter/Multidisciplinary Team Meetings | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Long Term Intervention | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Task Forces |
| <input type="checkbox"/> Psychosocial Assessments | |
| <input type="checkbox"/> Short-Term Intervention | <input type="checkbox"/> Other |
| <input type="checkbox"/> Therapy - Groups | |
| <input type="checkbox"/> Therapy - Individuals | |
| <input type="checkbox"/> Treatment Planning | |

If "other" please clarify.

Agency Requirements

The agency may require students to complete or perform certain tasks before and/or during the internship period.
Please clarify required the items below.

X	Hours	Does the agency require the student complete 16 or 20 hours of internship?	<input type="checkbox"/> 16 Hours <input type="checkbox"/> 20 Hours
	Days and Hours	Is the required to complete internship on certain days/hours?	
	Monday Hours	_____	
	Tuesday Hours	_____	
	Wednesday Hours	_____	
	Thursday Hours	_____	
	Friday Hours	_____	
	Other	_____	
	Evening Hours	Does the agency provide evening or weekend hours?	
	Monday Hours	_____	
	Tuesday Hours	_____	
	Wednesday Hours	_____	
	Thursday Hours	_____	
	Friday Hours	_____	
	Saturday	_____	
	Sunday	_____	
	Orientation	Is the student required to complete an orientation prior to the start of internship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "yes" please provide the date(s).	_____
	Training	Is the student required to complete a training prior to the start of internship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If "yes" please provide the date(s).	_____

Driving	Does the agency require the student have a driver's license?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	Does the agency require the student to drive?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	Does the agency expect the student operate an agency vehicle?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	Does the agency expect the student operate a personal vehicle?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
Mileage	Does the agency provide the student with mileage reimbursement?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	If "yes" what is the amount reimbursed?	_____		
Parking	Is the student expected to pay for parking?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	If "yes" what is the cost?	_____		
	Does the agency reimburse the student for any costs?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	If "yes" what is the amount reimbursed?	_____		
Languages	Does the agency require the student speak a certain language?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	If "yes" please provide the language.	_____		
	Does the agency prefer the student speak a certain language?	<input type="checkbox"/>	Yes	
		<input type="checkbox"/>	No	
	If "yes" please provide the language.	_____		
Clearances	Does the agency require any of the tests below and does the agency assist the student in arrangement or cost? Write "Yes" for all true statements.			

Item	Required	Agency Arranges	Agency Absorbs Full Costs	Agency Absorbs Partial Costs	Notes
Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Drug Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fingerprinting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
LiveScan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes