



SOCIAL WORK PROGRAM

MSW Field Practicum Application & Questionnaire

Every effort will be made to find a field placement that is compatible with a student's employment or other life circumstances. It must be understood, however, that the majority of field placements available do not accept students during traditional hours and it may not be possible to place every student who needs it during evening and weekend hours if appropriately supervised social work field placements are not available. If you work a fulltime job during regular business hours, it will be necessary to take some leave in order to complete your 900 practicum hours (500 in the Advanced Standing Program Track).

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail _____ K#: _____

Local Street Address or Box #: _____

City: _____ State: _____ Zip: _____

DOB: _____ Marital Status: _____

Driver's License Number and State: _____

Will you have reliable transportation during the practicum _____

Educational Background: _____

Personal Information

Do you speak/write/understand a language other than English (specify language and proficiency level)? _____

Current Employer: _____

Hours/Week and Times Worked: _____

Will you work during your practicum: _____

Hours/Week and Times: _____

Work Experience

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

Briefly describe your paid work experience, including the name of your employer, location, dates

Potential Practicum Interests

Many students have a particular population or setting in which they are interested in gaining experience. Please number your top five areas of interest. Your top area of interest will be #1, your second will be #2, and so forth:

- | | | |
|---|---|--|
| <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 Development/Administration | |
- Other (specify): _____

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

Geographic Preferences:

- Kingsville, Texas
- Corpus Christi, Texas
- Other (specify): _____

Special Conditions - ~~File 8.642~~ goal

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

6. How would you describe your childhood and family of origin? What influence has this had on you today?

7. What significant life events have you experienced?

8. Besides school, what other areas of interest (or involvement) do you have?

9. How would you describe yourself? Include an assessment of your strengths and weaknesses.

10. How do you think others see you?

11. What causes you stress, how do you respond when stressed and what coping mechanisms do you use?

12. Describe what skills you would like to further develop in your practicum experience, what your expectations are, and what most concerns you about your practicum experience:

13. Describe your social work knowledge and skills:

14. Describe how your values fit with the social work profession:

Practicum Requirements and Student Commitment