

EMPLOYMENT-BASED FIELD PRACTICUM PLAN

Student Name _____ Date _____

Telephone _____ Email _____

Agency Name _____

Address _____

Supervisor Name _____

Telephone _____ Email _____

Field Instructor Name _____ Degree _____

Telephone _____ Email _____

(Proposed Field Instructor must complete the Field Instructor Background Form and be approved per ISU Social Work Program requirements.)

Description of student’s current employed title, role, and duties:

Description of student’s proposed field experience within the agency setting: (See ISU Practicum Manual regarding policy requirements. Note how the practicum experience will be **different** from student’s regular job assignment and duties and enable the student to experience new learning and application of social work skills.)

Describe how student’s workload will be adjusted to accommodate the practicum hours:

Signatures:

Student

Date of Plan Submission

Agency Supervisor

Date

Proposed Field Instructor

Date

Approved as indicated by Field Director signature

Date