



Appendix 5
Department of Social Work,
MSW Program
Intent to Register for Practicum

Each student who intends to register for practicum must complete this form and schedule a time to submit and discuss it with the field liaison *prior to mid-term in the fall semester*. Students SHOULD NOT contact agencies for practicum planning purposes prior to meeting with the field liaison but should explore three potential placements through conversation with colleagues, a website, or through collateral contacts.

Please complete this form (accessible from the Department website) and submit in hard-copy. This form will be made available to potential practicum supervisors and or practicum sites when you interview.

While every effort will be made to meet the individual student learning needs, agency availability, Council on Social Work Education requirements for MSW supervision, and other administrative issues will influence the final placement decision. Practicum in the MSW program is offered only as a concurrent placement, meaning that you will be in classes during both the spring and summer semesters that you are completing your practicum hours. Please see the MSW Student Handbook and or MSW Field Education Manual for more information.

Practicum semesters scheduling for: Spring, _____

STUDENT INFORMATION

Student's name:

Address:

Permanent address (if different):

Telephone number:

Cell phone number:

E-mail address:

MSU, M, Tech ID:

Faculty Advisor:

Undergraduate social work field practicum site:

Are you considering your place of employment for ONE of your practicum placements?

Foundation year – Yes___ No___ NA___

Concentration year or Advanced Standing – Yes___ No___

Student understands a MN background check is required prior to placement. Yes___
No___

*Information related to violations of the law (misdemeanor, gross misdemeanor or felony)
will be shared with potential field sites.*

Student is expecting a C or better in courses they are currently enrolled in. Yes___ No___

You will be expected to provide your own transportation to, from, and during your
practicum placement. Do you have your own reliable transportation? Yes___ No___

PREVIOUS SOCIAL WORK OR HUMAN SERVICE EXPERIENCE

Submit a current resume or curricula vita with this form.

STUDENT PLACEMENT INFORMATION – please provide the question *and* the answer when you submit this document.

1. Are you anticipating anything that may interrupt your practicum experience over the next semesters? Yes or No (please explain if yes)
2. Please describe your areas of strength, as a narrative or using bullets, in under 150 words.
3. Please describe your areas of limitation or areas that need further development, as a narrative or using bullets, in under 150 words.
4. Please describe your learning goals (may include knowledge, skills, populations, or intervention goals) for the practicum experience using a narrative or bullets (under 150 words please). NB: Foundation year students are *required* to do a placement that emphasizes the application of the generalist perspective. Concentration year and Advanced Standing students are *required* to do a placement that emphasizes the application of the advanced generalist perspective as defined by the program Mission, Goals, and Objectives. Students may want to talk with their academic advisor about each practicum prior to completing this section.
5. Please attach completed Agency Exploration Forms for agencies that you have explored and believe will be able to provide opportunities to meet your learning goals. Be prepared to discuss why they are a good fit.
6. **OPTIONAL:** Do you have any special issues, limitations, and or recommendations that need to be considered in the practicum setting? Yes or No (please explain if yes)

I certify that my answers are true and complete to the best of my knowledge. If this application leads to practicum, I understand that false or misleading information in my

application, subsequent documents, or interview may result in my release from practicum and may result in additional disciplinary measures from the Department of Social Work and or Minnesota State University, Mankato.

Name _____ Date _____