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DEPARTMENT OF SOCIAL WORK

Social Work Agency Profile Form

Name of Agency:			
Address:			
Name of Program Director:			
Phone number:			
Who is the contact person at your ager Phone number:	ncy who coordinates overall place	ement logistics? Name:	
Names of possible field instructors, professional degree, and phone number			
1)	Degree	Cell number	
2)	Degree	Cell number	
3)	Degree	Cell number	
Who should the student contact to make specific arrangements for placement? Name: Phone number:			
In the space provided, please provide a brief description of your program.			
Describe the types of services that you provide.			
Describe the client population that you	serve.		
Describe your agency's philosophy for providing field experiences to social work students and your motivation for taking students at your agency.			

Describe the types of responsibilities and duties that the student would have at your agency
Describe your ability to meet the programs requirements for field experiences as outlined in the field manual.
Describe your intent and ability to provide supervision, orientation, resources and space necessary for the student to complete the learning objectives for the experience.
Describe any liability issues that a student should be made aware of prior to placement.
Check below the type of placement(s) you would be prepared to supervise.
() Sophomore placement: 6 hours per week per week during academic year (100 hours total, September-May)
() Senior placement: 5 Days per week during Spring semester (450 hours total, January-May)
For a senior placement starting in January, when would you like the student to initiate the process of arranging a placement? Month:
For a second-year placement starting in September, when would you like the student to initiate the process of arranging the placement? Month:
Describe the dress code for your agency (type of clothing to be worn).
Are there specific requirements or other information that would be important for students to know before being placed with your agency?
What clearances (if any) are students required to have in order to work at the agency?
In the space provided, list the location of your agency and provide directions to your agency from Messiah University (e.g. located off Route 15 north of Dillsburg).

Thank you for your time and effort in completing this request for information. The information provided will be used to assess the appropriateness of your agency to meet our student needs related to field education. It will also be used by our students in determining their choice for a field placement.

Please complete the form and forward via email (preferred)

mgeorge@messiah.edu or mail to:

Michelle George MSW, LCSW, BCD

Field Director

Messiah University

One University Avenue, Box 3057

Mechanicsburg, PA 17055

The following is to be completed by the field coordinator for Messiah University
Reviewed and approved:
Date:
Notes: