Field Supervisor Data Sheet

10 Field Instructor Name:

11 Position/Title:

12 Phone: Fax: E-Mail:

13 Education:
- BSW — Other Bachelor's Degree (specify):
- MSW — Other Master's Degree (specify):
- PhD/DSW — Other (Specify):

14 Professional Background:
- Number of years in human services
- Number of years in this agency
- Number of years in current position

Other Training:

15 Licensure Level:
- LSW
- LGSW
- LISW
- LICSW

Other Professional Licensure:

16 # of CSB/SJU Social Work students you have supervised in the past 5 years:

17 # of student interns from other majors and/or schools you have supervised in the past 5 years:

If licensed social worker is not available in agency to supervise student, please advise Field Faculty Coordinator.

Agency Representative Signature Date

SOCIAL WORK DEPARTMENT USE ONLY

Yes	No	Approval of Placement site (criteria met)	Comments/Reasons:
Yes	No	Approval of Field Supervisor	Comments/Reasons:

Field Faculty Coordinator Signature: **Date:**