**Practicum Instructor/Task Supervisor Information Form**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Agency:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **Work Email:** Click or tap here to enter text.

**Please indicate your status:**

[ ]  **Task Supervisor**: Employee of the practicum site, without a social work degree, who will be primarily responsible for the student’s assigned tasks on-site. This supervisor must also work in conjunction with the Practicum Instructor who will meet with the student weekly and be available for additional consultation as needed.

[ ]  **Practicum Instructor:** Individual with a BSW, MSW, or MSSW degree from an accredited college/school/university of social work with 2+ years post-graduate, full-time experience in social work; responsible to provide weekly, supervision with the student and work in conjunction with the assigned Task Supervisor (if applicable) for additional consultation as needed.

[ ]  **Your Social Work Degree:** (BSW, MSW, or MSSW) Click or tap here to enter text.

[ ]  **Your Graduation Year:** Click or tap here to enter text.

[ ]  **Your** **Institution:** Click or tap here to enter text.

[ ]  **Your Licensure** (if applicable): Click or tap here to enter text.

[ ]  **I am able and willing to provide a minimum of one-hour supervision, weekly, for the academic year.**

[ ]  **My updated, professional resume is attached.**

**Please note:** BSW social workers with two years’ experience post-graduation, may supervise BSW students. MSW and MSSW social workers with two years’ experience post-graduation may supervise BSW and MSSW students. Students in the Alcohol and Drug Counseling concentration courses must receive supervision from individuals with a MSW, MSSW, and appropriate state license/certification in Alcohol and Drug Counseling.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please scan and return the completed form, with your professional resume,**

**to the Practicum Coordinator you are working with. Thank you!**