

# BOSTON COLLEGE SCHOOL OF SOCIAL WORK

## Annual Placement Availability Form

<b>Date:</b>		
<b>Agency Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Person:</b>	<b>Title:</b>	
<b>Credentials:</b>		
<b>Telephone #:</b>	<b>Fax #:</b>	
<b>Direct or Other Telephone #:</b>		
<b>E-Mail:</b>	<b>Agency Website:</b>	

<b>Please indicate the total number of BCSSW Interns requested:</b>		
<b>Clinical:</b>	First Year	Final Year
<b>Macro:</b>	First Year	Final Year
<b>Summer Block Placement:</b>	<b>January Start:</b>	
If you only checked Final Year, would you consider an <i>experienced</i> First Year student? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<p><b>Brief description of your Agency or program.</b> Please note if your Agency provides more than one unit in which students might be placed.</p>   
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<p><b>Brief description of the student role and activities.</b></p>   
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<p><b>Schedule:</b> Please note if flexible hours are available or necessary for student assignments.</p>  
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Can the student reach your Agency by public transportation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student need a car to provide Agency services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can your Agency provide a Stipend?	Yes <input type="checkbox"/>	Stipend amount: \$_____
Can your Agency provide Work-study	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please contact BCSSW
Does your Agency provide a formal orientation program? If yes, please describe the requirements and schedule.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your Agency provide Safety Training? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your Agency require	Yes <input type="checkbox"/> CORI	Yes <input type="checkbox"/> Drug Screen
		Yes <input type="checkbox"/> Immunizations

**Agency Services: Please choose the practice area(s) which best describes the focus of your Agency. If more than one category applies, please rate them on a scale of 1 - 5.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administration                   | <input type="checkbox"/> Aging                              | <input type="checkbox"/> Behavioral Health          |
| <input type="checkbox"/> Behavioral Health Inpatient      | <input type="checkbox"/> Behavioral Health Outpatient       |   |
| <input type="checkbox"/> Childcare/Early Intervention     | <input type="checkbox"/> Child Welfare/Adoption/Foster Care | <input type="checkbox"/> Colleges                   |
| <input type="checkbox"/> Community Planning & Development | <input type="checkbox"/> Death and Dying                    | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Disabilities                     | <input type="checkbox"/> Employee Asst. Programs            | <input type="checkbox"/> Family Services            |
| <input type="checkbox"/> Forensic/Criminal Justice        | <input type="checkbox"/> Foundations/Grants                 | <input type="checkbox"/> Government: City/State     |
| <input type="checkbox"/> Health/Medical                   | <input type="checkbox"/> Homelessness/Housing               | <input type="checkbox"/> Immigration/Refugee        |
| <input type="checkbox"/> LGBT                             | <input type="checkbox"/> Planning/Project Mgt.              | <input type="checkbox"/> Policy/Advocacy            |
| <input type="checkbox"/> Protective Services              | <input type="checkbox"/> Public Health                      | <input type="checkbox"/> Racial/Ethnic Focused      |
| <input type="checkbox"/> Residential Care                 | <input type="checkbox"/> Schools                            | <input type="checkbox"/> Substance Abuse            |
| <input type="checkbox"/> Veterans                         | <input type="checkbox"/> Women's Services                   |   |
| <input type="checkbox"/> Other, please specify            |   |   |

**Population Groups: Please check all that apply**

- |  |                                 |                                   |                                  |                                       |
|--|---------------------------------|-----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Adolescents           | <input type="checkbox"/> Adults | <input type="checkbox"/> Children | <input type="checkbox"/> Elderly | <input type="checkbox"/> Families     |
| <input type="checkbox"/> Immigrants/Refugees   | <input type="checkbox"/> LGBT   | <input type="checkbox"/> Men      | <input type="checkbox"/> Women   | <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> Other, please specify |                                 |                                   |                                  |                                       |

**Racial/Ethnic Groups: Please check all that apply**

- |  |                                |                                |                                 |  |
|--|--------------------------------|--------------------------------|---------------------------------|--|
| <input type="checkbox"/> African American      | <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Latino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other, please specify |                                |                                |                                 |  |

**Language ability requested:**

- |   |  |   |                                  |                                 |                                     |
|---|--|---|----------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Arabic        | <input type="checkbox"/> Cape Verdean   | <input type="checkbox"/> Chinese |                                 |                                     |
| <input type="checkbox"/> French                 | <input type="checkbox"/> French Creole | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Khmer   | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Russian                | <input type="checkbox"/> Spanish       | <input type="checkbox"/> Vietnamese     | <input type="checkbox"/> Other:  |                                 |                                     |

**Modality: Please check the primary intervention methods your Agency uses.**

**Clinical**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Case Management       | <input type="checkbox"/> Couples/Families | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Group Treatment |
| <input type="checkbox"/> Individual Treatment  | <input type="checkbox"/> Play Therapy     | <input type="checkbox"/> Psycho-Education    |  |
| <input type="checkbox"/> Other, please explain |   |  |  |

**Macro**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Community Organizing & Planning | <input type="checkbox"/> Leadership & Administration | <input type="checkbox"/> Policy Analysis & Advocacy |
| <input type="checkbox"/> Research/Program Evaluation     | <input type="checkbox"/> Other, please explain       |   |

**Note additional information here:**

*Please e-mail this form to: [swfield@bc.edu](mailto:swfield@bc.edu)  
or mail to: Boston College SSW, Field Office  
McGuinn 204c, 140 Commonwealth Ave., Chestnut Hill, MA 02467  
or fax to: 617-552-1095*

**Thank you for your interest in our Social Work program!**