

**UNIVERSITY OF HAWAII AT MANOA SCHOOL OF SOCIAL WORK  
PRACTICUM OFFICE  
PRACTICUM SITE INFORMATION**

**GENERAL INFORMATION**

DATE: \_\_\_\_\_

NAME OF ORGANIZATION/AGENCY: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AGENCY PHONE: \_\_\_\_\_

PLEASE STATE THE OVERALL MISSION/GOAL OF YOUR AGENCY AND ELABORATE ON THE SOCIAL SERVICE SETTING: (e.g. child protection, judiciary, etc.)

DOES YOUR AGENCY OFFER ANY TYPE OF PAID STIPEND/GRANT FOR PRACTICUM?

YES \_\_\_ NO \_\_\_ SPECIFY: \_\_\_\_\_  
MILEAGE? YES \_\_\_ NO \_\_\_

OTHER BENEFITS? (Specify): \_\_\_\_\_

**SPECIFIC PROGRAM INFORMATION:**

PRACTICUM INSTRUCTOR(S): \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROGRAM DAYS/HOURS OF OPERATION: \_\_\_\_\_

How flexible is your agency in providing evening and/or weekend hours? \_\_\_\_\_

Is Summer Block placement available? \_\_\_\_\_ Fall/Spring? \_\_\_\_\_ Spring/Summer? \_\_\_\_\_

PRIMARY SERVICE AREA(S): Honolulu: \_\_\_\_\_ Leeward: \_\_\_\_\_ Central: \_\_\_\_\_  
Windward: \_\_\_\_\_ Waianae Coast: \_\_\_\_\_ Other: \_\_\_\_\_

WILL THE STUDENT HAVE AVAILABLE::	YES	NO	WILL THE STUDENT NEED:	YES	NO
Office			Personal Car		
Desk			Driver's License		
Phone			Professional Liability Insurance		
Agency Car			Criminal Check Clearance		
			Traffic Abstract		
			Medical Clearance		

**PRACTICUM PLACEMENT IS APPROPRIATE FOR WHICH LEVEL(S) OF STUDENT?**

BSW FOUNDATION (1<sup>st</sup> Yr. MSW) \_\_\_\_\_ CONCENTRATION (2<sup>nd</sup> Yr. MSW) \_\_\_\_\_

**PROGRAM CATEGORY** Check area(s) of practice which best categorize the focus of this program:

Child and Family \_\_\_\_\_ Gerontology \_\_\_\_\_ Mental Health \_\_\_\_\_ Health \_\_\_\_\_  
 Community Building \_\_\_\_\_ Administrative \_\_\_\_\_

**CLIENT POPULATION SERVED** (Check all that apply):

Infants \_\_\_\_\_ Children \_\_\_\_\_ Adolescents \_\_\_\_\_ Adults \_\_\_\_\_  
 Elderly \_\_\_\_\_ Families \_\_\_\_\_ Other (specify) \_\_\_\_\_

**IDENTIFY THE GROUPS AND/OR SERVICE AREAS SERVED BY YOUR PROGRAM:**

(e.g. developmentally disabled, women’s issues, substance abuse)

**LEARNING EXPERIENCES OFFERED AT YOUR AGENCY:**

(Check (✓) all activities available. **Please Star (\*) primary activities**)

DIRECT CLIENT PRACTICE	BSW Sr. Yr.	MSW 1 <sup>st</sup> Yr.	MSW 2 <sup>nd</sup> Yr.
Interviewing			
Assessment			
Counseling			
Case Management			
Information/Referral			
Training/Educator			
Advocacy/Outreach			
Conflict Resolution			
Group Work/Counseling			
Work With Families			
DIVERSE CULTURAL/ETHNIC CLIENTS			
HOME VISITS			
DOCUMENTATION/REPORT WRITING			
INTERDISCIPLINARY WORK			
COMMUNITY BUILDING			
INTER-AGENCY COLLABORATION			
LEGISLATIVE ACTIVITY			
RESEARCH			
ADMINISTRATION			
Program Development			
Program Evaluation			
Budgeting/Funding			

STUDENTS WILL LEARN ABOUT AND HAVE THE OPPORTUNITY TO DEVELOP THE FOLLOWING SPECIFIC SKILLS AND KNOWLEDGE AT THIS PRACTICUM SITE:

(e.g. DSM IV knowledge, substance abuse assessment skills, earn CSAC credits, etc.)

THE FOLLOWING LEARNING ACTIVITIES WILL BE AN EXPECTED PART OF THE PRACTICUM REQUIREMENTS AT THIS SITE: (e.g. agency orientation training, case presentations, etc.)

ATTRIBUTES, SKILLS, AND/OR EXPERIENCE THAT WOULD CONTRIBUTE TO A GOOD FIT OF STUDENTS WITH THIS SITE AND INSTRUCTOR: (e.g. previous experience in a related setting, knowledge of child development, etc.)

ANY OTHER INFORMATION ABOUT YOUR SITE THAT YOU WOULD LIKE POTENTIAL STUDENTS TO KNOW?