



Agency Interview Form

To: MSW Field Education Coordinator
Social Work & Human Services Dept.
Kennesaw State University

520 Parliament Garden Way NW Suite 330
Kennesaw, GA 30144
Phone: (470) 578-6630 | Fax: (470) 578-9071

Email: KennesawMSWfieldeducation@kennesaw.edu

Date of Interview _____

Student's Name _____

Students has interviewed

Student has not interviewed

Student has been accepted

Student has not been accepted

Student provided resume YES NO

Reason(s) for not interviewing/or not accepting student

AGENCY CONTACT INFORMATION

Social Work Field Education to be completed at:

Name of Agency: _____

Name of Program (Department): _____

Name of Primary Contact Person (if different than field supervisor) _____

Address:

City

State

Zip Code

AGENCY STUDENT INTERNSHIP REQUIREMENTS

Do you require students to have a physical examination prior to placement?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you require evidence of immunization against the following? <i>(check all that apply)</i>						
(a) Tuberculosis		(b) Rubella		(c) Measles		(d) Varicella Titer
					(e) DPT <input type="checkbox"/>	
Do you provide the resources for these tests/physical?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your agency expect students to show proof of these tests prior to the start of the practicum?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your agency require a background check?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your agency require a drug screen?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your agency require fingerprinting of students?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your agency require CPR training?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, does your agency pay for these tests?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name/phone of person to contact for further information about these:						

ADDITIONAL QUESTIONS

If students are expected to make home visits, do you provide			
(a) Escorts	Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Transportation	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Reimbursements to/from agency assignments			Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your agency provide stipends for students?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, (a) Number of stipends:		(b) Amount	

FIELD INSTRUCTOR CONTACT INFORMATION

Please provide contact information for the field instructor (MSW/LMSW/LCSW) who will supervise the student's field education.

Field Instructor Name (Print)

Field Instructor's Email Address

Field Instructor's Telephone Number

Date

PLEASE RETURN THIS COMPLETED FORM WITHIN FIVE (5) WORKING DAYS

To: KSU Field Education Coordinator
Master of Social Work Program
Kennesaw State University
520 Parliament Garden Way MD#4103, Kennesaw, GA 30144
Fax: 470.578.9071 Email: KennesawMSWfieldeducation@kennesaw.edu
If you have any questions, please call (470) 578.7560