



WORKSITE PLACEMENT AND PAID INTERNSHIP FORM

- BSW Placement
200 hrs. per semester
- MSW Generalist Year
200 hrs. per semester
- MSW Specialized Year
250 hrs. per semester

Academic Year (ex. 2024 – 2025): _____

Student Name: _____ WKU ID: _____

AGENCY INFORMATION

Agency: _____ Phone #: _____
Address: _____ City/Zip: _____

Agency Contact Person: _____ Title: _____
Employment Supervisor: _____ Phone #: _____

As the agency contact, we will support and allow this student to complete the required hours listed above.

Employment Signature _____
Date

FIELD INSTRUCTOR SECTION

The employment supervisor can serve as the field instructor as long as the field education is distinct from employment supervision and the supervisor meets the requirements according to accreditation standard.

Field Instructor: _____ Phone #: _____
Email Address: _____

- Credentials: BSW Degree 2 yrs. Post Experience LSW
 MSW Degree 2 yrs. Post Experience CSW LCSW

Have you been a Field Instructor for a WKU student previously? Yes No
If so, when? _____

As a field instructor, I agree and understand that I must provide 1 hour per week of supervision for every student intern.

Field Instructor Signature _____
Date

STUDENT INFORMATION

Current Job Title/Position: _____

of years in current role: Less than 1 yr. 1 – 2 yrs. 3 – 4 yrs.
 5 – 6 yrs. 7 – 8 yrs. 9 – 10 yrs. Over 10 yrs.

Describe the nature of your agency, the different types of constituents served, and services provided.

What is student's current Job Description?

Please indicate times of the week you will accrue your practicum hours and clarify the total number of practicum hours per week. (e.g., MWF 9AM – 2PM/ 5hrs. x 3days = 15hours per week)

Please note: An application for a worksite field placement does not guarantee such placement. Students, in conjunction with agency administration and the Field Director, must demonstrate that such placement will satisfy the student's educational needs.

As a student, I understand that if allowed to do a worksite placement, that my employee tasks must directly be linked to the 9 core competencies and will be documented as such in my learning plan. Additionally, I understand that if I quit or lose my job for any reason, it will jeopardize my field placement, which in turn will jeopardize the completion of the program.

I have reviewed the worksite placement form and I agree with the all the above.

Student Signature

Date

INTERNSHIP COMPENSATION FORM

IF APPLICABLE, PLEASE COMPLETE THIS SECTION BELOW:

IF NOT, THEN CHECK THIS BOX  N/A

Were you hired for a paid internship? Yes No

Are there hours outside of the internship that you receive payment?

How do you receive payment: Stipend Hourly Salary Other

Additional Information:

ADMINISTRATION SECTION ONLY

Approved: Yes No

Field Director Signature

Date