

**University of Montana**  
**School of Social Work**  
**MSW Online Practicum Proposal Form**

**OVERVIEW**

In order for a student to begin their MSW practicum, the agency and placement opportunity needs to first be reviewed and approved by the UMSSW Field Education Program. Completing this Practicum Proposal Form is part of that process.

**INSTRUCTIONS**

## Student

Once you have contacted and interviewed with a practicum agency and finalized your practicum placement and Agency Field Instructor (i.e., you were officially offered a practicum position for the upcoming fall and spring term), please complete and submit this form in its entirety.

Students planning to complete an Employment Based Practicum must complete all fields in purple in addition to all other fields.

Once you have submitted the form, the Field Education Team will review the information and follow up with the agency and field instructor listed to finalize the placement. Next steps will be communicated after the review process has been completed.

**\*It is important to begin this process early to ensure enough time for potential follow ups or changes to the placement.**

**Agency Field Instructor (AFI)**

Please complete this form to be considered as a field agency for the upcoming academic year. The Field Education Team will review the information provided by both you and the student to ensure placement criteria and requirements are met. Upon approval, the Field Education Team will be in touch with next steps and placement agreement documents.

- Move through this form and review the information provided by the student. After each section you will be asked to approve the information and, if required, add changes or comments.
- All sections required by you are highlighted in orange.
- When you are done with the form, please make sure to click **SUBMIT** at the very bottom. You will see a green "form successfully actioned" message.

For more information about the field placement process and additional resources, [please visit our website](#) and review the information attached to this email. The UMSSW Field Education Team is always available to answer questions or concerns throughout this process. Please do not hesitate to reach out: [umssw.onlinemswfield@umontana.edu](mailto:umssw.onlinemswfield@umontana.edu)

Thank you in advance for your interest in social work field education and supporting our student's professional development.

## STUDENT INFORMATION

Student Name:	UM 790 Number:
Phone:	UM Email:
Street:	City, State & Zip Code:
Please select which practicum experience you are completing this proposal for: <input type="checkbox"/> Generalist Practicum (Year 1) <input type="checkbox"/> Specialization Practicum (Year 2)	<b><u>Are you proposing an Employment Based Practicum (practicum at your existing place of employment)?</u></b> <b>If yes, please complete all sections below and pay particular attention to the purple sections.</b> <input type="radio"/> Yes <input type="radio"/> No

## AGENCY INFORMATION

Please use the fields below to tell us about the agency you intend to complete your practicum. Be sure to fill out all fields with the most accurate information available to you at this moment. Some of the information may be found on the agency's website or you may need to ask your contact at the agency.

Agency Name:	Program/Facility Name (if different from Agency Name):
Agency Phone:	
<b>Agency Street Address</b>	<b>Agency Mailing Address</b>
Street Address:	Street Address:
Street Address Line 2:	Street Address Line 2:
City:	City:
State:	State:
Postal Code:	Postal Code:
Agency Website:	Agency Social Media (if applicable):
Agency Overview:	Agency Mission:
Services Offered (if more than one program differentiate):	Population being served:

## Agency Field Instructor Agency Review

Please review the information above for accuracy and indicate you have reviewed below. If there are edits or additions to this information, please provide that below.

I have reviewed the information above and indicated any changes/additions to the right.

☐ Yes ☐ No

Please indicate any changes/additions in the space below.

## AGENCY CONTACT INFORMATION

Please review the roles below carefully, inquire with the Field Education Team if you are not clear about them, and then complete the contact information for the following people:

- **Primary Contact:** the person that coordinates all practicum/ internship inquiries for the agency; often times the Executive Director, Internship or Volunteer Coordinator, etc. (this person may be your Agency Field Instructor but sometimes the primary agency contact does NOT serve as main supervisor for practicum)
- **Agency Field Instructor/ AFI:** person that will serve as your main practicum supervisor and mentor **ON SITE** for your practicum experience (will meet for weekly supervision, approve timesheets and learning agreement, attend site visits etc.)

Often the Primary Contact and the Agency Field Instructor are the same person. **Be sure to complete all fields for both contacts if needed.**

<p><b>Will primary contact also serve as Agency Field Instructor?</b>          If no, please complete the sections to the right with information for your proposed Agency Field Instructor.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>If the primary agency contact is different from the individual who will act as the Agency Field Instructor, please complete the sections below for the individual will be serving in that role.</b></p>
<p>Primary Agency Contact Name:</p>	<p>Agency Field Instructor Name:</p>
<p>Primary Contact Job Title:</p>	<p>Agency Field Instructor's Job Title:</p>
<p>Primary Contact Phone:</p>	<p>Agency Field Instructor Phone:</p>
<p>Primary Contact Email:</p>	<p>Agency Field Instructor Email:</p>
<p>From this list please indicate the situation that best describes the supervision arrangement with this agency.</p>	<p>If the Agency Field Instructor is NOT a qualifying MSW but the agency is providing an on-site MSW supervisor, please <b>provide their name and email address</b> below.</p>
<p>For Employment Based proposals, please list the name of your direct employment supervisor/manager if they are not the same person as your AFI.</p>	<p>Employment supervisor/manager email:</p>

Relationship:

Do you have a personal or professional relationship with the individual who will be acting as your Agency Field Instructor? If yes, please use the space to the right to explain the nature of that relationship.

(For Employment Based proposals, please select yes if your proposed AFI is also a member of your direct supervision/management team and use the space to the right to explain that relationship.)

☐ Yes ☐ No

In this space, please provide information regarding the nature of your relationship with the individual who will be acting as your Agency Field Instructor. Be sure to include if this individual is a member of your direct supervision/management team if you are proposing an Employment Based practicum.

### Agency Field Instructor Contact Information Review

Please review the information above for accuracy and indicate you have reviewed below. If there are edits or additions to this information, please provide that below.

I have reviewed the information above and indicated any changes/additions to the right.

☐ Yes ☐ No

Please indicate any changes/additions in the space below.

## Proposed Practicum Plan

The following section requires you to provide preliminary information about your practicum role, responsibilities, and possible learning activities. We understand that much of this information is not set in stone as you have not yet started practicum but these initial details will help the Field Education Program gauge if the practicum placement will meet learning standards and agency requirements.

**Please do your best and provide as much insight as possible.**

For students proposing an Employment Based Placement: **Complete all sections below, including the purple ones.**



**Detailed Description of Field Placement Responsibilities:**

Based on your practicum interview and/or initial conversations about the practicum, identify the top tasks and activities you will likely be engaged in. Please provide a brief description of the proposed responsibilities and possible learning activities you will be accountable for while completing your practicum.

For example, if the task is crisis intervention, activities could be "answering crisis line calls, meeting with walk-in clients needing immediate assistance, offering case management" etc.


**Agency Field Instructor Practicum Responsibilities Review**

Please review the information above for accuracy and indicate you have reviewed below. If there are edits or additions to this information, please provide that below.

<p>I have reviewed the information above and indicated any changes/additions to the right.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Please indicate any changes/additions in the space below.</p>
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**Employment Based Responsibilities:**

Please ONLY complete this section if you are submitting an Employment Based Proposal.

Current Job Title:	Length of Time in Position:
<p>Current employment role and responsibilities:</p> <p>In the space to the right, please provide an overview of your current role with the agency. Feel free to use bullet points to outline tasks and responsibilities.</p>	<p>Please provide an overview of your employment role and responsibilities here.</p>
<p>Proposed practicum role and tasks:</p> <p>In the space to the right, please provide an overview of the proposed practicum role at your agency. Feel free to use bullet points to outline the various tasks and responsibilities that will offer new and diverse learning separate to your existing employment role.</p>	<p>Please provide an overview of your proposed practicum responsibilities that will provide new and diverse learning opportunities.</p>
<p>Identify practicum tasks that overlap with employment tasks:</p> <p>In the space to the right, please outline potential practicum tasks and responsibilities that would overlap with your employment responsibilities, e.g. attending staff meetings, attending community meeting.</p>	<p>Please provide a detailed overview of all tasks and responsibilities that would overlap between your roles as an employee and practicum student.</p>

## Agency Field Instructor Employment Based Practicum Support

### **\*ONLY APPLICABLE FOR EMPLOYMENT BASED PRACTICUM\***

To ensure a successful employment based practicum, students require the support of their agency director and/or employment supervisor. Please review the statements below and check to indicate your support.

I support the student's continuation of employment with our agency while also engaging in their MSW practicum placement and tasks.	I understand the required practicum responsibilities and requirements (15 hours of practicum per week during a regular schedule, weekly practicum supervision by AFI, development of practicum learning activities) and support the student in accomplishing them.	I understand the need for diverse and new learning opportunities in practicum and support the student in developing activities that will meet this goal.
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### Agency Field Instructor Employment Based Practicum Review

#### **\*ONLY APPLICABLE FOR EMPLOYMENT BASED PRACTICUM\***

Please review the information above for accuracy and indicate you have reviewed below. If there are edits or additions to this information, please provide that below.

I have reviewed the information above and indicated any changes/additions to the right.  <input type="radio"/> Yes <input type="radio"/> No	Please indicate any changes/additions in the space below.
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### Placement Schedule & Requirements:

Students are required to establish a consistent schedule for their practicum with regular hours each week, e.g. Mon/Tue/Wed 5 hours each, Tue and Wed 8 hours each. Practicum hours cannot be scattered throughout a regular work day, e.g. 2 hours here, 1 hour here.

At this point, students are not required to have a set schedule in place but are asked to share their proposed schedule for practicum.

	Practicum Schedule	Work Schedule (For Employment Based Practicum Only)
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		
<b>Total Hours</b>		

<p>Has your AFI agreed to provide one hour of direct supervision per week?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Are there any special requirements for practicum placements at the agency?</p> <p><input type="checkbox"/> Background Check <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immunization Record <input type="checkbox"/> Specialized Training (please indicate to the right) <input type="checkbox"/> Other (please indicate to the right)</p>	<p>Please indicate special training or other requirements in the space provided.</p>
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Will you be compensated for any of your practicum hours?

☐ Yes ☐ No

If yes, what form of compensation will you receive? (eg: educational stipend, end of semester pay, employment wages, etc.)

### **Agency Field Instructor Practicum Schedule & Requirements Review**

Please review the information above for accuracy and indicate you have reviewed below. If there are edits or additions to this information, please provide that below.

I have reviewed the information above and indicated any changes/additions to the right.

☐ Yes ☐ No

Please indicate any changes/additions in the space below.

## **Student Acknowledgements**

Please carefully read and indicate your acknowledgement of each statement before submitting this form for review by the Field Team.

I acknowledge that I am requesting to complete a two semester (four blocks) placement at the agency listed on this form, requiring me to be on-site approximately 15 hours per week during a set and consistent schedule.	<input type="radio"/> Yes <input type="radio"/> No
I agree to be at my placement for the entirety of the two semesters starting at the beginning of the fall term (late August) and ending with the final week of the spring term (early May).	<input type="radio"/> Yes <input type="radio"/> No
I am aware that absences from my practicum placement, for any reason, exceeding more than 1 (one) week, require notification or planning ahead with my Agency Field Instructor and my UMSSW Field Liaison.	<input type="radio"/> Yes <input type="radio"/> No
I acknowledge that excessive absences from practicum place me at risk of being terminated from my practicum placement and not receiving a passing grade for the practicum experience.	<input type="radio"/> Yes <input type="radio"/> No
I acknowledge that any time missed from practicum will require a plan for completing all of the required field hours.	<input type="radio"/> Yes <input type="radio"/> No
I also acknowledge and understand that I must submit all practicum paperwork, including the Learning Agreement, via Sonia in a timely manner and complete all required assignments in field seminar to ensure all core competencies and practice behaviors are met successfully.	<input type="radio"/> Yes <input type="radio"/> No
I acknowledge that the act of submitting an Employment Based proposal does not guarantee that I will be able to complete my practicum experience with my current employer, and that I must receive approval from the Field Team, or pursue another option.	<input type="radio"/> Yes <input type="radio"/> No

**Student Submit:**

By clicking submit you attest that all of the information is accurate and ready for review. If you are not ready to submit, please click save to return to this form later.

Has not been actioned

**Field Team Review Part 1**

Agency Approved <input type="radio"/> Yes <input type="radio"/> No	Employment Based Practicum Approved <input type="radio"/> Yes <input type="radio"/> No	Field Team Notes:
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Please enter the address of the proposed Agency Field Instructor in the "To" field. The text of the email can be edited EXCEPT for "[Notification Text]". **Only complete this step if the practicum placement has been approved.**

No invitation sent

Click the "Submit" button below to complete this section and send the external invite.

Has not been actioned

Agency Field Instructor Preferred Contact Information

Preferred Name:	Preferred Gender Pronouns:
Work Title:	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Video Conference

Supervision Information:

Academic Qualifications: Please list below any academic degrees you hold, institution earned from and year earned.	Student Supervision Experience: Please indicate any previous experience you have with supervising practicum students, or similar experience below. (eg: number of year and students supervised)
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Student Placement Information:

What type of learner would do best in your agency setting?  
(Please select all that apply.)

- ☐ Doers- Learn by doing, "Hit the ground running" learners ☐ Feelers- Deep level of reflection or emotions and reactions ☐ Observers- Watch others engage in activities and discuss afterwards ☐ Thinkers- Read, review, reserch and reflect ☐ Mixed Learning Styles- Combination of above ☐ Other- Please specify

If you selected other, please describe what other learning style would best suit your agency.

Please provide any additional information that would be important for the UM School of Social Work to know about your organization?

**Agency Field Instructor Signature**

By typing your name below and clicking the submit button below, you indicate you have reviewed all sections of this form, indicated necessary changes and that information provided is accurate.

Has not been actioned

## Field Team Review Part 2



Agency Status	Review Information
Please indicate the status of the agency review. <input type="checkbox"/> Waiting for information from agency <input type="checkbox"/> Waiting for interview to be scheduled <input type="checkbox"/> Interview scheduled <input type="checkbox"/> Agency Approved	Please indicate the name of the person who reviewed this information and the date it was reviewed.
Please include any additional notes below:	Please indicate the participants and date of the agency/UMSSW meeting.
If this is a new site and needs to be added to Sonia, please select 'Yes' to the right. If this is not a new site, please select 'No' to the right.	<input type="radio"/> Yes <input type="radio"/> No

Click the "Submit" button below to complete this section. You are able to return to this section and submit again if there is a change in agency review status. If you have selected "Agency Approved" in the Agency Status section, you will still need to go into the Sonia Allocations to approve the site.

If you said yes to the new Sonia site question in the table above, clicking the "Submit" button will create a new Sonia site.

Has not been actioned