University of Utah
College of Social Work
MSW Program

Optional Practicum Commitment [SW 6500]
APPROVAL FORM

Instructions: Approval Form must be completed, signed by Student and Field Instructor, and approved by Practicum Coordinator BEFORE the Optional Practicum Begins. Evaluation Form must be completed, signed by Student and Field Instructor, and approved by Practicum Coordinator BEFORE credit can be recorded.

Student Name	Supervisor Name	Agency Name - Director

Semester (Circle One): Fall Spring Summer Academic Year: _____

Number of Hours to be Completed: _____

(One Credit Hour Equals 75 Clock Hours of Service)

Supervision Hours: _____

(One Hour of Supervision is Required for each 16 to 20 Hours of Service)

Starting Date	Hours per Week	Expected Completion Date

I. Identify specific learning goals to be achieved and the methods for achieving these goals.

_____

_____

_____

_____

II. Identify how the achievement of the identified goals will be measured.

_____

_____

_____

_____

Student Signature	Date	Field Instructor	Date	Practicum Coordinator	Date

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EVALUATION FORM

Describe how successful the student has been in achieving the identified learning goals for this optional practicum:

Student Signature Date Field Instructor Date Practicum Coordinator Date

RECOMMENDED GRADE (Circle One) Credit No Credit Credit Hours Assigned _____

AFFILIATION COMMITMENT

BETWEEN

THE PRACTICUM AGENCY/UNIVERSITY OF UTAH

COLLEGE OF SOCIAL WORK /PRACTICUM INSTRUCTOR AND STUDENT

The U of U CSW,_____(Agency), _____(Field Instructor) and___

_____(Student) agree to the following:

1. All parties have read and shall abide by the terms of the "Practicum Agency and U of U CSW Affiliation Agreement," attached to this Affiliation Commitment.

2. The Student, _____, shall begin his/her practicum placement on_____ and end on_____. The Student will complete a minimum of_____ hours for the placement year.

3. The Agency shall provide a stipend in the amount of $_____.

_____(check if applicable) This stipend will be disbursed directly to the Student by the Agency.

OR

_____(check if applicable) The Agency shall not provide a stipend to the student.

_____	_____	_____	_____
Field Instructor	Date	Agency Representative	Date
Address: _____		Address: _____	
_____		_____	
Phone: _____		Phone: _____	
Email: _____		Email: _____	
_____	_____	_____	_____
Student	Date	Director M.S.W. Field Education	Date

SS# _____ - _____ - _____