

**THE UNIVERSITY OF OKLAHOMA SCHOOL OF SOCIAL WORK
PRACTICUM PROGRAM**

Request for Modified Practicum

A Modified Practicum Placement is a placement scheduled outside the bounds of the official Practicum semester, i.e. starting early and/or ending late. See the Practicum Manual for detailed information.

STUDENT NAME: _____

PRACTICUM COURSE: (check one) SWK 4315/4325 SWK 5413/5423 SWK 5820

1. State the reason you are requesting to begin your practicum early or extend your practicum beyond the last day of the official practicum semester. The modification must be justified by an extreme personal situation or it must benefit or be required by the practicum site.

2. State your dates: The Teaching & Learning Agreement is due 3 weeks after the start of the practicum. Use the *Practicum Calendar* to estimate your due dates.

START DATE: _____

END DATE: _____

TEACHING & LEARNING AGREEMENT DUE DATE: _____

MID-TERM DATE: _____

SECOND MID-TERM DUE DATE, IF APPLICABLE _____

3. Describe in detail your intended weekly schedule (Example: 20 hours/week, beginning January 2 and ending July 6)

4. Has your Practicum Instructor supervised OUSSW graduate students before? If so, how recently?

5. Have you made sure that your Practicum Instructor is available for an extended placement?

6. Justify your plan in terms of the needs of your practicum setting. Will this practicum schedule compromise the needs of clients or the setting in any way?

7. Describe how your practicum activities will or will not be different during the extended portion of the practicum. An example might be “extensive orientation”.

8. You must secure and document for the School of Social Work that your student activities will be covered by professional liability insurance for the duration of the modified practicum.

BEGINNING DATE OF INSURANCE: _____

ENDING DATE OF INSURANCE: _____

- If you will be covered by your employer, have you provided a letter from your employer stating that your employment-provided insurance will cover “all of your student activities?”

Yes

No

Signatures

Student _____ Date _____

Practicum Instructor _____ Date _____

Practicum Preceptor (if applicable) _____ Date _____

(For Practicum Office use only)

Date proposal received in Practicum Office _____

Faculty Reviewer _____

_____ **Approved**

_____ **Denied (if denied, please comment)**

Reviewer's comments:

Faculty reviewer's signature _____ Date _____

Practicum Coordinator's signature _____ Date _____