THE UNIVERSITY OF OKALHOMA SCHOOL OF SOCIAL WORK
PRACTICUM STUDENT PLACEMENT FORM

INSTRUCTIONS: This form must be completed when there is agreement with a site to initiate a field practicum placement. A placement cannot begin until this form is completed, submitted to the Practicum Coordinator, and signed by the Practicum Coordinator. Please be sure information is accurate and legible.

STUDENT (Print Name) _____
SWK Practicum Course Number _____ **Concentration Yr. students please check** DP ☐ ACP ☐

Check all that apply: ☐ **Employment-Based Practicum** ☐ **Modified Practicum** ☐ **CWPEP**

_____ _____
PRACTICUM AGENCY/Program/Unit/Dept. AGENCY STREET ADDRESS

_____ _____ _____ _____
CITY STATE ZIP CODE PHONE NUMBER

DATE MY PRACTICUM BEGINS _____ **AND ENDS** _____
TOTAL HRS. FOR THIS PRACTICUM: _____

PRACTICUM INSTRUCTOR INFORMATION (Please fill out completely and accurately):

PRACTICUM INSTRUCTOR: (PRINT NAME) _____

Education/Licensure/Credentials: (Please check all that apply)
☐ BSW ☐ MSW ☐ LMSW ☐ LSW-Admin ☐ LCSW ☐ LSW

Practicum Instructor's Mailing Address: _____
STREET

_____ _____ _____
CITY STATE ZIP CODE

Practicum Instructor's E-mail Address: _____

Practicum Instructor's Preferred Phone: _____

Has the Practicum Instructor been a Practicum Instructor for the OU School of Social Work in the past 2 years?
Please check: ☐ **YES** ☐ **NO**

NAME OF PRECEPTOR (if applicable) (PRINT NAME) _____

Student Signature Date

Practicum Instructor Signature Date

Preceptor Signature (if applicable) Date

Agency Representative (person required by the agency to authorize student placement) Date

Practicum Coordinator, OU School of Social Work Date