

WESTERN MICHIGAN UNIVERSITY
School Of Social Work
Office of Field Education

AGENCY / PROGRAM DATA FORM

Agency Name:	
Program Name:	
Agency Address: (Including zip)	
Physical Address (if different)	County:
Agency Telephone:	Agency Fax:

Field Placement Contact Person:	
Contact Person Position/Title:	
Contact Telephone:	Contact Fax:
Contact E-mail	

Agency Administrator:	
Administrator Position/Title:	
Administrator Telephone:	Administrator E-mail

AGENCY TYPE (check the box of all that apply)			
<input type="checkbox"/> Aging/Gerontological (01)	<input type="checkbox"/> Corrections/Criminal Justice (05)	<input type="checkbox"/> Occupational/Industrial (09)	<input type="checkbox"/> Rehabilitation (13)
<input type="checkbox"/> Substance Abuse (02)	<input type="checkbox"/> Family Services (06)	<input type="checkbox"/> Mental Health (10)	<input type="checkbox"/> School Social Work (14)
<input type="checkbox"/> Child Welfare (03)	<input type="checkbox"/> Groups Services (07)	<input type="checkbox"/> Mental Retardation (11)	<input type="checkbox"/> Other; Please specify (15)
<input type="checkbox"/> Community Planning (04)	<input type="checkbox"/> Health (08)	<input type="checkbox"/> Public Welfare (12)	

Please check the level of student you have placement opportunities for (check all that apply)			
BSW	<input type="checkbox"/> Fall/Spring (August - April) (01)	<input type="checkbox"/> Spring/Summer I (January - June) (02)	
MSW	<input type="checkbox"/> 1 st Year Foundation (04)	<input type="checkbox"/> 2 nd Year Interpersonal Practice (05)	<input type="checkbox"/> 2 nd Year Policy, Planning, & Administration (06)

If you have any questions or would like this document e-mailed to you, please contact the Office of Field Education at (269) 387-3206 or e-mail us at swrk-field@wmich.edu