

APPENDIX C

DOMINICAN UNIVERISTY  
GRADUATE SCHOOL OF SOCIAL WORK

FIELD PRACTICUM CONTACT/INFORMATION FORM  
FIELD SUPERVISOR INFORMATION  
FOR FIELD WORK DIRECTOR

*Please provide accurate information; print legibly*

Student's Name: \_\_\_\_\_ Level: 1<sup>st</sup> yr. Practicum   
Adv. St./ 2<sup>nd</sup> yr. Practicum

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Fax \_\_\_\_\_

Field Supervisor (*if different from above info*): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Other Supervisor (*if indicated*): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Please return this form to:

**Jesse Munoz, LCSW**  
**Director of Field Work**  
**Dominican University**  
**Graduate School of Social Work**  
**Priory Campus**  
**7200 W. Division Street**  
**River Forest, IL 60305 FAX:708-366-3446**

## Appendix C

### Field Practicum Information Sheet for Field Instructor

Circle one: Field Practicum I & II or III & IV

Student Contact Information	
<b>Name:</b>	<b>DU Email</b>
<b>Address:</b>	
<b>City, St., Zip</b>	
<b>Phone #'s</b>	<b>Emergency Contact:</b>
<b>Home:</b>	<b>Name:</b>
<b>Cell:</b>	<b>Phone:</b>
<b>Placement:</b>	
<b>Field Placement Information</b>	
<b>Agency:</b>	<b>Supervisor:</b>
<b>Address:</b>	<b>Phone #'s</b>
<b>City, St., Zip</b>	<b>Office:</b>
	<b>Cell:</b>
<b>Phone #'s</b>	<b>Fax:</b>
<b>Main Number:</b>	<b>Email:</b>
<b>Fax:</b>	
<b>Field Placement Schedule</b>	
<b>Day:</b>	<b>Hours</b>
<b>Directions to Agency from Dominican University Priory Campus</b>	