

University of Illinois at Chicago  
Jane Addams College of Social Work  
Office of Field Instruction – Rm. 4137  
1040 W. Harrison St., MC 309  
Chicago, IL 60607  
Ph: (312) 996-0037  
Fax: (312) 413-8555

Working Liaison _____
Date Assigned _____

**Field Placement Questionnaire  
(Foundation Year 1<sup>st</sup> Year-SocW570)**

It is **imperative** that the MSW student complete and submit this Field Placement Questionnaire to begin the process of securing a field placement. Completion of this form will assist faculty field liaison in matching you with an appropriate foundation field instruction placement. Please consider each question carefully and answer as fully as possible. Within two (2) weeks of receipt of this Questionnaire, complete it and return to:  
Field Instruction Office  
Jane Addams College of Social Work (M/C 309)  
University of Illinois at Chicago  
1040 W. Harrison, Chicago, Illinois, 60607  
**PRINT CLEARLY**

Student Name _____		Date: _____	
Address _____		City _____	State _____
		Zip Code _____	
Cell phone number _____	Home telephone number _____	Email address _____	

1. Do you speak any second language/s?  No  Yes  
If yes, what language/s? \_\_\_\_\_
2. What form of transportation will you use to attend your internship? \_\_\_\_\_
3. Current Employer \_\_\_\_\_
4. Will you be working during the fall semester?  No  Yes  
If yes, how many hours per week? \_\_\_\_\_
5. Where will you be working? \_\_\_\_\_
6. Have you had previous paid social service experience?  No  Yes  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you had volunteer social service experience? How long? \_\_\_\_\_ (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**University of Illinois at Chicago  
Jane Addams College of Social Work  
Field Instruction Division  
Dept. Mailbox #52**

8. List any licenses or certifications that you have, or training that you have completed.

- |  |   |
|--|---|
| <input type="checkbox"/> CADC                        | <input type="checkbox"/> Completed/Passed CERAP exam                  |
| <input type="checkbox"/> Child Welfare Certification | <input type="checkbox"/> Completed 40-hour domestic violence training |
| <input type="checkbox"/> Other _____                 |   |

9. In general terms, what kind of field placement are you looking for? (Identify age group, specific population, problem focus, modality i.e. individual, family, group, community, etc.)

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10. Is there an agency in the Chicago area that you are already interested in as a possible field placement site? Please identify the agency and describe the population it serves. (Note, this is not a guarantee that we will be able to place you at this particular agency.)

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11. Indicate the second year concentration choice that you are now thinking of choosing. Rank order of interest if you are thinking of more than one.

- Child and Family     CHUD     Mental Health     School Social Work     Undecided

12. Is there anything else you want us to know about you and your thoughts regarding your first year field instruction placement?

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**Field Faculty Workspace**