

**SCHOOL SOCIAL WORK INTERSHIP
LEARNING CONTRACT / EVALUATION, 20__ - 20__**

School Name _____

Address _____

Tel/Fax & E-mail (if different) _____

Intern's Name (print clearly) _____

Home Tel _____

Email _____

Starting Date/No. of days in field _____

Termination Date _____

Field Instructor (print clearly) _____

JACSW Faculty Liaison (print clearly) _____

The student understands that this field placement is made available to fulfill one of the requirements for the Degree of Master of Social Work and the State of Illinois Board of Education Type 73 Certification. Activities assigned to the student will be appropriate for their educational needs. The student, field instructor and district representative agree that the field placement is not to be construed as a place of employment.

Signatures/Dates

Field Instructor _____

District Administrator _____

Intern _____

JACSW Faculty Liaison _____

Please turn in completed signature paper (page 1) during the second week of internship to your JACSW Field Liaison or the field office.

