Annual Placement Availability Form

Date: 
Agency Name: 
Address: 
City: State: Zip: 
Contact Person: Title: 
Credentials: 
Telephone #: Fax #: 
Direct or Other Telephone #: 
E-Mail: Agency Website: 

Please indicate the total number of BCSSW Interns requested: 
Clinical: First Year Final Year 
Macro: First Year Final Year 
Summer Block Placement: January Start: 
If you only checked Final Year, would you consider an experienced First Year student? Yes ☐ No ☐ 

Brief description of your Agency or program. 
Please note if your Agency provides more than one unit in which students might be placed. 

Brief description of the student role and activities. 

Schedule: Please note if flexible hours are available or necessary for student assignments. 
Can the student reach your Agency by public transportation? Yes ☐ No ☐ 
Does the student need a car to provide Agency services? Yes ☐ No ☐ 
Can your Agency provide a Stipend? Yes ☐ No ☐ Stipend amount: $ 
Can your Agency provide Work-study Yes ☐ No ☐ Please contact BCSSW 
Does your Agency provide a formal orientation program? Yes ☐ No ☐ 
If yes, please describe the requirements and schedule. 
Does your Agency provide Safety Training? Yes ☐ No ☐ 
If yes, please explain: 
Does your Agency require CORI Yes ☐ Drug Screen Yes ☐ Immunizations Yes ☐
Agency Services: Please choose the practice area(s) which best describes the focus of your Agency. If more than one category applies, please rate them on a scale of 1 - 5.

☐ Administration  ☐ Aging  ☐ Behavioral Health
☐ Behavioral Health Inpatient  ☐ Behavioral Health Outpatient
☐ Childcare/Early Invention  ☐ Child Welfare/Adoption/Foster Care  ☐ Colleges
☐ Community Planning & Development  ☐ Death and Dying  ☐ Developmental Disabilities
☐ Disabilities  ☐ Employee Asst. Programs  ☐ Family Services
☐ Forensic/Criminal Justice  ☐ Foundations/Grants  ☐ Government: City/State
☐ Health/Medical  ☐ Homelessness/Housing  ☐ Immigration/Refugee
☐ LGBT  ☐ Planning/Project Mgt.  ☐ Policy/Advocacy
☐ Protective Services  ☐ Public Health  ☐ Racial/Ethnic Focused
☐ Residential Care  ☐ Schools  ☐ Substance Abuse
☐ Veterans  ☐ Women’s Services
☐ Other, please specify

Population Groups: Please check all that apply
☐ Adolescents  ☐ Adults  ☐ Children  ☐ Elderly  ☐ Families
☐ Immigrants/Refugees  ☐ LGBT  ☐ Men  ☐ Women  ☐ Young Adults
☐ Other, please specify

Racial/Ethnic Groups: Please check all that apply
☐ African American  ☐ Asian  ☐ White  ☐ Latino  ☐ Native American
☐ Other, please specify

Language ability requested:  ☐ American Sign Language  ☐ Arabic  ☐ Cape Verdean  ☐ Chinese
☐ French  ☐ French Creole  ☐ Haitian Creole  ☐ Khmer  ☐ Korean  ☐ Portuguese
☐ Russian  ☐ Spanish  ☐ Vietnamese  ☐ Other:

Modality: Please check the primary intervention methods your Agency uses.

Clinical
☐ Case Management  ☐ Couples/Families  ☐ Crisis Intervention  ☐ Group Treatment
☐ Individual Treatment  ☐ Play Therapy  ☐ Psycho-Education
☐ Other, please explain

Macro
☐ Community Organizing & Planning  ☐ Leadership & Administration  ☐ Policy Analysis & Advocacy
☐ Research/Program Evaluation  ☐ Other, please explain

Note additional information here:

Please e-mail this form to: swfield@bc.edu
or mail to: Boston College SSW, Field Office
McGuinn 204c, 140 Commonwealth Ave., Chestnut Hill, MA 02467
or fax to: 617-552-1095
Thank you for your interest in our Social Work program!