# Annual Placement Availability Form

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Title:</td>
</tr>
<tr>
<td>Credentials:</td>
<td></td>
</tr>
<tr>
<td>Telephone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Direct or Other Telephone #:</td>
<td>Agency Website:</td>
</tr>
<tr>
<td>E-Mail:</td>
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</tbody>
</table>

Please indicate the total number of BCSSW Interns requested:

<table>
<thead>
<tr>
<th>Clinical:</th>
<th>First Year</th>
<th>Final Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macro:</td>
<td>First Year</td>
<td>Final Year</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Can the student reach your Agency by public transportation?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student need a car to provide Agency services?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Can your Agency provide a Stipend?</td>
<td>Yes ☐ Stipend amount: $</td>
</tr>
<tr>
<td>Can your Agency provide Work-study</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Does your Agency provide a formal orientation program?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If yes, please describe the requirements and schedule.</td>
<td></td>
</tr>
<tr>
<td>Does your Agency provide Safety Training?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
<tr>
<td>Does your Agency require CORI?</td>
<td>Yes ☐ Yes ☐</td>
</tr>
<tr>
<td>Does your Agency require Drug Screen?</td>
<td>Yes ☐ Yes ☐</td>
</tr>
<tr>
<td>Does your Agency require Immunizations?</td>
<td>Yes ☐ Yes ☐</td>
</tr>
</tbody>
</table>
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
☐ Behavioral Health Inpatient
☐ Childcare/Early Invention
☐ Community Planning & Development
☐ Disabilities
☐ Forensic/Criminal Justice
☐ Health/Medical
☐ LGBT
☐ Protective Services
☐ Residential Care
☐ Veterans
☐ Other, please specify

☐ Administration
☐ Behavioral Health Inpatient
☐ Child Welfare/Adoption/Foster Care
☐ Colleges
☐ Community Planning & Development
☐ Disabilities
☐ Foundations/Grants
☐ Forensic/Criminal Justice
☐ Health/Medical
☐ LGBT
☐ Planning/Project Mgt.
☐ Protective Services
☐ Schools
☐ Women’s Services

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!