**Field Education Course Requirement Agreement**

To successfully complete the Field Education courses, the following requirements must be fulfilled by the required deadlines listed on the Student Field Calendar academic year 2014-2015. I understand that my inability to adhere to these requirements for Field Education may result in a NC for the Field Education Course.

* Submit Confirmation of Placement form by deadline
* Completion of Background and/or Medical and/or Drug screenings, if required by agency.
* Attend Field Orientation as a BSW, MSW Foundation Year or Advanced Standing student
* Attend *Virtus*/Safe Environment Training
* Online submission of Field Placement Schedule
* Completion of minimum total required agency hours, documented on the SSW Online Records Field Placement Time Sheet and the Field Tracking Form
* Submission of Learning Plan by deadline
* Completion of two Process Recordings for review by Field Educator and Field Advisor
* Submission of the Assessment of Student Competency in Field Education at end of the semester by deadline
* Participation in weekly supervisory conferences with Field Educator.
* Completion of the Student Evaluation of the Field Placement and Field Advisement Experience form located on Blackboard, at the end of each semester.
* Complete all Field Education hours within the semester

I have reviewed these requirements with my Field Advisor and my signature indicates that I am aware of all requirements for the successful completion of the Field Education course.

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Field Advisor Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Field Education Course Requirement Agreement**

**OFFICE COPY**

To successfully complete the Field Education courses, the following requirements must be fulfilled by the required deadlines listed on the Student Field Calendar academic year 2013-2014. I understand that my inability to adhere to these requirements for Field Education may result in a NC for the Field Education Course.

* Submit Confirmation of Placement form by deadline
* Completion of Background and/or Medical and/or Drug screenings, if required by agency.
* Attend Field Orientation as a BSW, MSW Foundation Year or Advanced Standing student
* Attend *Virtus*/ Safe Environment Training
* Online submission of Field Placement Schedule
* Completion of minimum total required agency hours, documented on the SSW Online Records Field Placement Time Sheet and the Field Tracking Form
* Submission of Learning Plan by deadline
* Submission of the Assessment of Student Competency in Field Education at mid-semester by deadline
* Completion of two Process Recordings for review by Field Educator and Field Advisor
* Submission of the Assessment of Student Competency in Field Education at end of semester by deadline
* Participation in weekly supervisory conferences with Field Educator.
* Completion of the Student Evaluation of the Field Placement and Field Advisement Experience form located on Blackboard, at the end of each semester.
* Complete all Field Education hours within the semester

I have reviewed these requirements with my Field Advisor and my signature indicates that I am aware of all requirements for the successful completion of the Field Education course.

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Field Advisor Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_