THE UNIVERSITY OF MICHIGAN
SCHOOL OF SOCIAL WORK OFFICE OF FIELD INSTRUCTION
1080 S. UNIVERSITY, ANN ARBOR, MI 48109-1106

For Office Use Only:
FI_ID.: _____
Date_Exp: _____
A_ID:
P_ID:

Field Instructor Form

Please Print or Type

1. Date: _____/_____/_____

All field instructors must fill out this form in order to become approved by the School. See *The Field Instruction Manual* for criteria for selection of field instructors.

2. Field Instructor Information

Your Name: _____

Job Title: _____

Agency Name: _____

Program Name: _____

Phone: (_____) _____ **Internet:**_____

Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Year that you joined this agency: _____ **Date that you started in this position**: _____

Check the method(s) that you are best prepared to provide field instruction in:

- ❑ Interpersonal Practice
- ❑ Community Organization
- ❑ Social Policy and Planning
- ❑ Evaluation
- ❑ Social Welfare Administration

3. Previous Experience Instructing Students

Name of Institution	Year	Practice Method or Content Area

If your resume is current and contains the information in sections 4- 7 below you may attach it to this form rather than completing these sections. If not, please complete sections 4-7.

4. Academic Background

	Institution	From (year)	To (year)	Specialization
Bachelor's Degree				
M.S.W.				
Graduate degree other than M.S.W.				
Graduate work not leading to a degree				

5. Please list below your attendance at recent advanced courses or institutes

Year	Sponsoring Institution	Name or Subject of the Course

6. Membership in Professional Associations

7. Previous Professional Experience

Agency (start with present agency)	From (year)	To (year)	Position

Signature: _____ **Title**: _____ Date: _____