## Long Island University, Brooklyn Campus

## **BASW Program**

## Agency Data Form

Agency name:	
Address:	
Telephone:	
Website:	
Agency Executive Director:	
Educational Coordinator:	
Agency sites for the field practicum: (please list each practicum site and address. If students we be placed only in the main agency, move on to next question).	vill
1	
2	
3	
4	
5	
Person(s) proposed as field instructors: (Each proposed field instructor: please complete the attached "Field Instructor Application" form.)	
1	
2	
3	
4	
5	

What is the <u>primary</u> social work practice method employed in your agency?	What is the <u>secondary</u> social work practice method employed in your agency?
CW Casework	CW Casework
Which one of the following categories best describes your agency?  O1 Heath care setting	Major functions and services of agency (i.e., mission, methodologies employed, goals, etc.)
center	Major characteristics of clients served (i.e., age, gender, race, ethnicity, social class, religion, disability, etc.)

Major population groups served by your agency (check all that apply)	Major issues addressed
01 Children       □         02 Adolescents       □         03 Adults       □         04 Older Adults       □         05 Individuals       □         06 Families       □         07 Groups       □         08 Communities       □         09 Organizations       □	(i.e., aging, medical and healthcare, mental illness, domestic violence, substance abuse, child welfare, maternal/child heath, etc.)
	nts students would have if placed in your agency:
Other learning experiences available in your staff meeting participation, case presentation	agency (i.e., seminars, in-service training, researchs, etc.)
Name of person completing this form: Date:	

Thank you for your contribution to Long Island University