HAYWARD
STUDENT/AGENCY INTERVIEW RESPONSE FORM

FIELD PLACEMENT FOR: Fall 20____ Winter 20____ Spring 20____ Summer 20_____

Student Name: ________________________________________________________________
Home Phone: _________________________ Cell Phone: ________________________________
Email: ________________________________________________________________________

Agency Information:
Agency Name: __________________________________________________________________
Placement Address:________________________________________________________________
Agency Phone: ____________________________________________________________________
Field Instructor: ___________________________________________________________________
FI Phone: __________________ FI Email: ____________________________________________

Days in Placement: ____________________________ Hours: _____________________________

Placement Interview Outcome: Date of Interview: _________________________________
☐ Placement appears mutually satisfactory
☐ Placement is not mutually satisfactory. Please explain. ________________________________
________________________________________________________________________________

Placement Approval:
______________________________________________________________________________
Field Instructor Signature

______________________________________________________________________________
Student Signature

______________________________________________________________________________
Field Director Signature

☐ Date of Approval

BY SIGNING YOUR NAME ABOVE, YOU ARE AGREEING WITH THE TERMS AND CONDITIONS OUTLINED BY THE AGENCY I.E., WORK SCHEDULE, HOURS, LOCATION, ETC.

REVISED 08/14/13