

Academic Year: Fall _____ Summer _____



DEPARTMENT
OF SOCIAL WORK

Fax: 510-885-7580

STUDENT/AGENCY INTERVIEW RESPONSE FORM

Senior Year (BSW) _____ Foundation MSW _____ Advanced MSW _____

SOCIAL WORK DEPARTMENT PROGRAM:

- ☐ BSW-Undergraduate
- ☐ MSW-Traditional (2-Year Program)
- ☐ MSW-Advanced Standing (1-Year Program)
- ☐ MSW-Extended (3-Year Program)

StudentName: _____

Phone: _____ Email: _____@horizon.csueastbay.edu

Agency Information

Agency Name: _____

Placement Address: _____

Agency Practicum Instructor: _____ PI(Credentials)* _____

(PI)Phone: _____ PI Email: _____

Days of the week in Placement: _____ Hours _____

Placement Interview Outcome

Interview date: _____

- ☐ The placement appears mutually satisfactory, student has been offered the practicum placement.

Placement Approval

Practicum Instructor Signature (Agency)

Student Signature

Practicum Director Signature (Faculty)

Approval Date: _____

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 4/3/25