Please read the following agreement form as an understanding of social work practice education expectations. This form indicates you are willing and able to follow all of the NASW code of ethics, policies, and obligations of all governing bodies associated with social work. Please sign and upload this form into Handshake.

In keeping with the academic, program and professional standards and requirements described in this handbook, carefully and honestly answer the following questions:

1) I have read and will adhere to the professional expectations set forth in the BSW Manual, BSW Practicum Education Manual and the NASW Code of Ethics. Yes ___ No

2) I have read and will adhere to the NASW Code of ethics in practice and throughout my practicum experience. Yes ___ No

3) I have read and understand the Policies and Procedures outlined in the BSW Student Manual and Practicum Manual and will adhere to all expectations. Yes ___ No

4) I have read and will adhere to all CMU policies and procedures. Yes ___ No

5) I understand I am expected to follow all state/federal laws as part of my professional development and expectations during social work practicum. Yes ___ No

6) I understand I am expected to develop the CSWE Core Competencies and practice behaviors as part of my academic and professional development. These skills are required for graduation from the BSW program at Colorado Mesa University and for independent practice after graduation. Yes ___ No

7) I understand I am expected to follow all agencies policies and procedures during my practicum experience. Yes ___ No

8) I understand that social work concepts, populations, discussions, and practice may evoke strong emotional responses. I understand it is my responsibility to seek out professional help if/as needed throughout this program. Yes ___ No

9) I understand that if I fail to meet these expectations, I may be expected to engage in a corrective action plan and may be terminated from the Practicum and/or BSW program. Yes ___ No

Students Printed Name:

Student’s Signature: _____________________________ Date: ________________

*Your signature testifies that the above answers are truthful and that you are ready to start your Practice Education Experience