**Forms must be completed and on file in the Office of Academic Affairs prior to the start of the practicum.**

**General Information:**

Course Number:

Location (check one): \_\_X\_ In-State \_\_\_ Out-of-State \_\_\_ Out-of-Country

**Student Information:**

Name:

Current Address:

Student ID# Phone: Email:

Major: Social Work

Program Requirement: \_X\_\_Yes \_\_\_No

Semester and Year of Internship:

Faculty Practicum Supervisor: Dr. Michelle Sunkel

Emergency Contact Name and Phone Number:

**Internship Site Information:**

Name of Organization:

Mailing Address of Organization:

Name & Title of Supervisor:

Phone: Email: Fax:

**Academic Expectations:**

Attach a brief description of the duties and responsibilities of the student intern, the student’s learning outcomes and methods of assessment. (To be completed by student in collaboration with faculty and site supervisors – see next page.)

**Signatures:**

## Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Faculty Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

VPAA or designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

(VPAA signature only required for out-of-state and out-of-country internships. File copy with Academic Affairs if in-state internship.)

**Required Attachments:**

1. Description of academic expectations.

2. Proof of health insurance for out-of-state and out-of-country internships.

3. Release and Indemnification Agreement for Participants in Internships.

**WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT**

Course: Term/Year:

Instructor: Dr. Michelle Sunkel Advisor:

Student/Participant Name:

Social Security Number:

In consideration of the State of Colorado, Colorado Mesa University and its **Social & Behavioral Science Department** granting me permission to participate in the above-referenced course and/or activity, and with the understanding that such participation is conditioned upon my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the course and/or the activity and any risks inherent in any other activities connected with the course and/or activity in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the course and/or activity and release from liability the State of Colorado, Colorado Mesa University and its **Social & Behavioral Science Department**, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

**I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED COURSE AND/OR ACTIVITY. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY AND ITS Social & Behavioral Science DEPARTMENT, AND ALL OF THE OFFICERS, TRUSTEES, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS’ FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE COURSE AND/OR ACTIVITY.**

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or affect whatsoever, unless embodied herein in writing.

**THIS IS A RELEASE OF LIABILITY. IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.**

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Signature of Student/Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

(if participant is under 18 years of age)

**Colorado Mesa University and Agency Agreement**

The objective of this agreement is to provide specific guidelines to both agencies and practicum students of Colorado Mesa University.

The Colorado Mesa University BSW Program and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (assigned agency) mutually agree that the Agency will provide a field placement for educational experiences that would be beneficial to undergraduate social work students.

The agreement will be in effect as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/20\_\_\_\_ and will end upon completion of the academic requirements, not to exceed the current academic year of student placement.

During this period of time, the Agency and the Bachelor Social Work Program will mutually agree on the student assignments (learning contract / goals) and the accepted level of academic preparation required for each student.

All parties agree to abide by the Colorado Mesa University commitment to policies of equal opportunity and affirmative action and prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age or status as a disabled person with a disability. The University seeks to provide equal access to its programs, services and activities for people with disabilities.

The Colorado Mesa University Social Work Program establishes criteria for agencies to be used for practicum instruction, in accordance with standards set forth by the Council on Social Work Education. The following information provides important guidelines for all practicum settings:

**The Agency:**

1.The agency philosophy of service shall be compatible with the educational objectives of social work which embody the values and ethics of the social work profession.

2. The administrator and agency supervisors shall be qualified by experience and training in a way which leads them to respect professional education and have an understanding of its goals. They shall also be willing to undertake, individually and collectively, the various responsibilities that a practicum placement requires.

3. Agency Supervisors must be fully integrated staff members and be granted time in their regular workload to provide practicum supervision, attend one workshops per year, and meet with the Director Field Education a minimum of three times per year and then as needed.

4. The agency must provide qualified agency supervisors for the students. Qualified agency supervisor for BSW students must have completed a minimum of a Bachelor Degree and demonstrate a commitment to social work values and supervision of students.

5. The agency will provide a necessary work space for the student, this may be a shared space.

**The School:**

1. The BSW Program, in collaboration with the Agency, shall develop a learning contract of potential learning experiences and evaluate the Agency’s ability to provide the minimum requirements for specified practicum outcomes.

2. The BSW Program shall select and refer students for interviews with the agency to determine if their educational development can be served by the agency. Students will be pre-interviewed for appropriateness of placement and ability to meet the goals of the agency.

3. The BSW Program will assist the Agency and the Student in developing educational experiences for professional growth which are consistent with program goals/objectives.

4. The BSW Program shall provide ongoing consultation, support, and training for Agency Supervisors.

**The Agency Supervisor:**

1.The agency supervisor shall provide a minimum of one hour of supervision per week with the Student.

Supervision may be live (working side by side), individual, or group.

2. The agency supervisor shall provide educational experiences which will assist the Student in completing the practicum requirements such as meeting the stated goals, verifying and signing time sheets, and completing end of semester assessments.

3. The agency supervisor shall meet with the Director of Field Education and Student to evaluate the student’s progress, three times over the course of one year, and then as needed.

**The Student:**

1. The Student shall abide by the practicum guidelines as specified in the B*SW Practicum Manual*.

2. The student shall abide by all personnel and agency practices and policies.

3. The student must complete 450 hours in field placement (225 hours each semester).

4. The student may not start hour’s early or complete hours early – students may begin on the first day of the semester and must complete on the last day of the semester (before finals week).

5. The Student shall participate in developing plans and methods to meet their practicum requirements.

6. The Student shall adhere to all tenets of the NASW *Code of Ethics*, including maintaining confidentiality in all aspects of client and Agency contacts and records.

7. If the Student receives a stipend, he/she shall be responsible for taxes or Social Security withholding as required by the Internal Revenue Service.

AGENCY SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR FIELD EDUCATION SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

Department: Social and Behavioral Sciences

Academic Program: Social Work Program

**Individualized Learning Contract (ILC)**

1. **Student and Course Information**

Student Name: 700#:

Student Phone Number: CMU Email: @mavs.coloradomesa.edu

Course: CRN:

Semester and Year of Study: Credit Hours: 5

Minimum hours of study required: 225 Program Requirement: Yes

*For every hour of course credit, 45 clock hours of student work must be completed*

Location of Study:

Faculty Supervisor: Dr. Michelle Sunkel

Site Supervisor/Contact Information:

Emergency Contact Name, Phone Number, and Relationship:

Proof of Health Insurance, if required: Click here to enter text.

*Proof of Health Insurance and emergency contact information required for any ILC located outside the state of Colorado.*

1. **Individualized Learning Overview:** Individualized learning options are available primarily as upper division credit for Juniors and Seniors with a minimum GPA of 2.75 or by permission of the faculty supervisor. Lower division credit may be available with a 2.75 GPA and higher and/or permission of the faculty supervisor.

* Individualized learning is an experience for which students assume full responsibility to complete successfully. The requisite personal dedication and commitment is significant.
* The following are minimum requirements. Please check with the specific department for additional ILC guidelines which will include an assessment rubric for assignments, and faculty and supervisor evaluations that align with CMU/Departmental/Course student learning outcomes (SLOs).
* Individualized learning courses include the following: X87, X91, X93, X94, X95, X96, X97, X99.

1. **Description/Outline of Plan of Study /Research:**
2. **Time Commitment:** For every hour of course credit, 45 clock hours of student work must be completed. Academic engagement plus student preparation minutes must be a minimum of 2250 clock minutes per one credit hour.  For graduate credit, graduate courses require 3750 clock minutes of combined academic engagement and student preparation.
3. **Plan of study/research: Attach description to this document.**

* Student learning outcomes (SLOs) that align with those of Colorado Mesa and department expectations.
* SLOs as agreed upon with business owners/entrepreneurs/managers/nonprofits.
* Timeline that lists specific student accomplishments to be demonstrated during the program of study.
* Daily log kept by the student that demonstrates continuous learning and completion of course SLOs.
* Specific course requirements.

1. **Description of Reporting/Monitoring/Evaluation Procedures to be used, including Grading Procedure and Timeline for Completion. Attach description to this document.**

1. **Plan of reporting/monitoring/evaluation must include the following. Attach description to this document.**

* Timeline for faculty evaluation during ILC.
* Timeline for student assessment of SLOs.
* Criteria to be used in assigning a grade.
* Assessment/rubrics to be used to meet departmental/CMU outcomes.
* If appropriate, timeline for on-site supervisor to use in evaluation process.

1. **Signature: I understand and agree to the expectations of the Individualized Learning Contract.**

*Students may* ***not*** *begin the Individualized Learning Contract until all parties have signed this form, and it is on file with the Academic Department Head*.

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Student Signature Date

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Faculty Member Responsible for ILC - Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Department Head Signature Date

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Vice President for Academic Affairs Date

(only for internships outside Colorado)

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Onsite Supervisor/Evaluator Date