IPT Field Placement Confirmation Form

Academic Level:  
BSW:___  MSW-FND:___  MSW-ADP:___  MSW-PAC:___  
(Foundation)  (Advanced Direct Practice)  (Policy, Administration & Community)

Distance Learning Program:  
MSW Foundation (Online):___  MSW Advanced Generalist (Flagstaff/Online):___

Child Welfare Education Project:  Yes:___  No:___  Training Unit Assigned:  Yes:___  No:___

ADP Specializations (check one):  
Children, Youth & Families:___  Health/Behavioral Health with Adults:___  Public Child Welfare:___

Certification Program?  Yes:__  No:__  Certificate:_________________________________________________________________

Internship Semesters:  (Please fill in two (2) consecutive semesters.)

1st Semester/Year:_____________  2nd Semester/Year:_____________  OR  Semester Block/Year:_____________  
(Ex.:  Fall, Spring or Summer 20__)  (Ex.:  Fall, Spring or Summer 20__)  (Ex.:  Fall, Spring or Summer Block 20__)

Student Internship Information

Agency Name (& Dept. if applicable):____________________________________________________________________________

Internship Site Address/City/Zip:________________________________________________________________________________

Field Instructor Name:________________________________________________________________________________________

Field Instructor Contact Phone & Email: __________  Certified: Yes:__  No:__

**Field Instructor Signature (Required before submitting form):______________________________________________________

Task Instructor Name (Optional):_____________________________________________________________________________

Task Instructor Signature (Optional):__________________________________________________________________________

Student Name:_____________________________________________________________________________________________

**Student Signature (Required before submitting form):

**Both Field Instructor & Field Student must sign form before submitting this form.

Stipend:  Yes:___  No:___  Amount of Stipend:  $_______ (Per Hour);  $_______ (Per Semester)

Child Welfare Education Project?  Yes:___  No:___  Weaving Native Perspectives?  Yes:___  No:___

IPT Notes:

Please fax or mail this form to the applicable campus below:

Field Education Office, School of Social Work, Arizona State University (Phoenix Downtown Campus):  
411 N. Central Ave., Suite 800  
Phoenix, AZ 85004-0689  
Fax: 602-496-0199

Flagstaff Cohort: Fax: 602-496-0199

Field Education Office, School of Social Work, Arizona State University (Tucson Campus):  
340 N Commerce Park Loop, Suite 250  
Tucson, AZ 85746  
Fax: 520-884-5949

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