Student Intern Placement Tracking (IPT) Form
(All Information Is Required)

Student Last Name:                                                                                 First Name:                                                     Middle Initial:

ASU Student ID Number:

Street Address:

City, State, Zip Code:

Primary Phone Number:

ASU Email Address Only:

__________________________________________________________ __________________________________________________

Academic Level:     BSW:___     MSW Foundation (1st year):___     MSW Concentration (2nd year):___

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

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

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__)

MSW Concentrations (2nd year intern)(Check one of the following three concentrations):

(1) MSW-ADP (Advanced Direct Practice):__
    • MSW-ADP Specializations (Check one of the following specializations):
       (a) Children, Youth & Families:___
       (b) Health/Behavioral Health with Adults:___
       (c) Public Child Welfare:
           - Child Welfare Education Project (Check one):  Phoenix:___   Tempe:___    Other:___   Not Yet Assigned:___

(2) MSW-PAC (Policy, Administration & Community):___

(3) MSW-AG (Advanced Generalist) (Flagstaff/Online):___

Work Variance Request:  Yes:___   No:___   Only completed work variance packets will be accepted.

__________________________________________________________ __________________________________________________

Please submit this IPT Student Form via fax:
Phoenix Office: (602) 496-0199; Tucson Office: (520) 884-5949; Flagstaff: (602) 496-0199

Date Verified as Eligible by ASU SSW Academic Services:_________________________
Date Entered in IPT System:_________________________
Date IPT Login Code Emailed to Student:_________________________

***For SSW Field Education Office Use Only***

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