

Department of Social Work
Florida Gulf Coast University

AGENCY PROFILE SHEET

Agency Name: _____

Director: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ FAX: _____

Email: _____

Counties Served: _____

Program Name: _____

Populations Served: _____

Brief Description of the Program:

Please check all that apply to this placement:

	Yes	No
Required background check		
Written affirmative action policy		
New staff orientation		
Accommodate physically handicapped		
Written personnel standards		
Written sexual harassment policy		
Car needed		
Mileage paid		
On bus line		
Financial stipend		
Student assignments: (Check all available to students)		
Brief assessment (intake)		
Psychosocial assessment (extensive)		
Case management		
Crisis intervention		

Progress notes		
Advanced clinical interventions		
Individual		
Couple		
Family		
Group		
Brief therapy		
Court studies		
Projects		

*Please attach resume of all proposed field instructors

For FGCU use only: