As a component of SOWK410, Social Work Practice III, you will participate in a community based pre-field learning experience. We are interested in some general information regarding your interests with regards to this experience, so that we may prepare for the Fall semester’s activities. Please complete this form and return it to the class instructor as soon as possible. Please type or print legibly.

### Student Information

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Date</th>
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</table>

Full Name:

Last

First

M.I.

Local Address during current semester

City

State

ZIP Code

Apartment/Unit #

Home Address (if other than above):

Street Address

Apartment/Unit #

City

State

ZIP Code

Apartment/Unit #

Home Phone: ( )

Alternate Phone: ( )

E-mail Address:

### Emergency Contact Information

Full Name:

Last

First

M.I.

Primary Phone: ( )

Alternate Phone: ( )

Relationship:

### Questionnaire

Please check each item accordingly:

Do you have a valid and current driver’s license? YES NO

During your pre-field, will you have a car available for transportation? YES NO

If NO, what is your plan to get to a community agency?

Rank the following areas of interest to assist in determining your pre-field site. (List from first to last in each category, beginning with the most preferred.)

**AGE**

- Children (birth-8 years)
- Youth (8-12 years)
- Adolescents (12-21 years)
- Adults (21-66 years)
- Senior Citizens (65+ years)

**FIELD**

- Mental Health
- Child Welfare
- Medical
- School
- No Preference

- Homeless Programs
- Geriatrics
- Domestic Violence
- Veteran’s Programs

**SETTING**

- Residential
- In Home
- Community Based
- Other: specify

Location preference (check one):

- Erie Area
- Meadville
- Union City
- Corry
- Erie County
- Crawford County
- Other: specify

Is there any other pertinent information that you feel would be helpful in planning your BSW pre-field practicum experience?

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________________________________________________________________________

________________________________________________________________________