

**UNO GRACE ABBOTT SCHOOL OF SOCIAL WORK
PRACTICUM AGREEMENT FORM**

Student's Name _____ Telephone Number _____

Student's Address _____

Student UNO Email _____

Type of Practicum	Program
Practicum Course Number: _____	Day & time of 1 hour educational supervisory meetings _____
Advanced level – Specify Concentration _____	Semester(s) enrolled for this practicum (ex: Fall 2019, Sp.2020) _____

Agency Information:

Name of Agency _____ Agency Telephone _____

Agency Address _____
Address City State Zip

Educational Supervisor's Name & Credentials _____

Email _____ Telephone Number _____

Agency Name & Address if different from above:

Agency Name Address City State Zip

Other Professionals providing supervision: [Add credentials if any.]

Task Supervisor _____ email/phone _____

Task Supervisor _____ email/phone _____

Does the Agency reimburse the student?	Stipend-If so, amount _____	Travel at \$ _____ Per mile
Does the Agency require Adult/Child Abuse Registry checks?		
If so, will the agency be responsible for completing the background checks?	Date Practicum Begins _____	

Signatures:

Signature of Agency or Unit Director

Signature of Task Supervisor

Signature of Educational Supervisor

Signature of Task Supervisor

[THIS COMPLETED FORM MUST BE ON FILE IN THE PRACTICUM OFFICE]

Return to: Practicum Office, UNO School of Social Work, 6001 Dodge Street, CPACS 205, Omaha, NE 68182
It is University policy and, therefore, the policy of this field placement program not to discriminate on the basis of disability. If a student with an approved accommodation plan is placed with your agency, both UNO and your agency share the responsibility to meet the legal requirement to provide reasonable accommodation to the student under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.