

Please return to:
Field Coordinator, Social Work Department
UW Oshkosh
800 Algoma Blvd.
Oshkosh, WI 54901

**APPLIED GENERALIST PRACTICE
AGENCY DESCRIPTION**

Data included in this form will be made available to social work students eligible for field placement.

Name of Agency: _____

Unit Name: _____

Address: _____

Street

City

State

Zip Code

Telephone: _____ Fax: _____

1. Agency philosophy and purpose (*a brochure of agency is welcomed*):

2. Client group(s) served:

3. Services provided to clients:

(Over, please)

4. Types of social work practice experience(s) this agency will provide the student, i.e., family, groups, community, diverse populations and/or at-risk groups:

5. Experiences and knowledge areas relevant to placement--courses, volunteer experiences, readings, employment, etc. that would be beneficial for the student in your agency:

6. Distance from UW Oshkosh:

Submitted By: _____
Name

Title

Date