

Please return to:

Field Coordinator, Department of Social Work  
UW Oshkosh  
800 Algoma Blvd.  
Oshkosh, WI 54901



**Department of Social Work**

**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:

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: \_\_\_\_\_