****

**Human Services Department**

**Field Placement Application**

**General Application - 1-3**

**Faculty Evaluation forms - 4**

***PLEASE NOTE:***

***IT IS IMPORTANT TO FILL OUT THIS ENTIRE APPLICATION FULLY AND CORRECTLY. INCOMPLETE OR INCORRECT APPS MAY NOT RECEIVE CONSIDERATION.***

(Spring 2021 ver)

**Field Placement General Application**

Name:Click or tap here to enter text.

ID#Click or tap here to enter text. Date Click or tap to enter a date.

Mailing Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

SGU E-mail Address: Click or tap here to enter text. @sintegleska.edu

1. Level Applying for (check): HS  290  390  490 Semester to enroll: spring  summer

2. Total semester hours on HS Status Sheet completed to the present: Click or tap here to enter text.

Cumulative/career GPA: Click or tap here to enter text.

(must be 2.0 min; all Cs or higher)

3. Your Human Services Advisor: Click or tap here to enter text.

4. Your Concentration area (check):  CD  CJ  MH

The following information is required to help us know you better so that we can find the most useful and satisfying placement for you. Be assured we will use the information with the utmost discretion.

1. What are your expectations for this course and how do you hope to use this in the future?

Click or tap here to enter text.

2. Please list previous work experience (paid and/or volunteer) and a very brief description of your job responsibilities and how this experience can contribute to this class.

Click or tap here to enter text.

3. We would appreciate your including PERSONAL experiences, which you believe will be helpful to you in this course.

Click or tap here to enter text.

4. Please identify any other knowledge, skills or past EDUCATIONAL experiences, which you believe, will be helpful in this course.

Click or tap here to enter text.

5. Identify your future goals and how do you see this placement experience relating to them.

Click or tap here to enter text.

6. Do you have any medical condition or physical limitations that could affect placement? If yes, please describe:

Click or tap here to enter text.

7. Identify your current areas of interest in human services; check all that apply:

**Age:**  Children (0-12)  Teens  Adults  Older Adults

**Gender:**  Female  Male

**Social Issues:** Child Abuse  At Risk Youth  Schools  Developmental Disabilities

Substance Abuse  Mental Health  Criminal Justice  Domestic Violence

Other (write in) Click or tap here to enter text.

8. Identify possible sites: #1 being of most interest…

#1 Click or tap here to enter text.

#2 Click or tap here to enter text.

#3 Click or tap here to enter text.

Have you made any contacts at any of these sites? If yes, tell us:Click or tap here to enter text.

**Field Placement Personal Disclosure**

Name Click or tap here to enter text.

ID# Click or tap here to enter text. Date: Click or tap to enter a date.

We ***require*** the following information to ensure client safety and to meet agency requirements for placement. ***This is required to be completed before each level of Field Placement*.** Attach additional pages if needed.

1. Have you ever been **arrested or charged** with any criminal offense (excluding minor traffic violations)?

Yes No If “Yes”, when and please explain: Click or tap here to enter text.

2. Have you ever been **convicted or plead guilty** to any criminal offense (excluding minor traffic violations)?

Yes No If “Yes”, when and please explain: Click or tap here to enter text.

3. Have you been **charged or court adjudicated for child/elder/vulnerable adult abuse or neglect, and/or violent/ assaultive behavior**? (Court adjudicated means that a court has found you committed an act, which falls within these categories, whether the case was in criminal, civil or family court.)

Yes No If “Yes”, when and please explain: Click or tap here to enter text.

4. Are you currently on **probation or parole**?

Yes No If “Yes”, when and please explain and provide the name and contact info for your probation or parole officer: Click or tap here to enter text.

5. Are you currently in any kind of **treatment or transitional program**?

Yes No If “Yes”, when and please explain: Click or tap here to enter text.

6. Do you currently **use (in any amount or situation) alcohol or chemical substances**?

Yes No If “Yes”, please explain: Click or tap here to enter text.

7. Have you experienced a **physical, emotional, or mental condition that could limit** your ability to meet academic and client-care requirements or that may endanger health or safety of persons entrusted in your care?

Yes No

If “Yes”, when and please explain: Click or tap here to enter text.

8. Some FP sites require staff, interns and volunteers who have experienced **substance abuse problems** to have at least **two years of sobriety** before working in the agency. If this applies to you, have you met this requirement?

Yes No Please explain: Click or tap here to enter text.

9. Some FP sites require staff, interns and volunteers who have been **mental health consumers** to either have completed their treatment **at least two years prior** to application or have the written recommendation of their mental health professional in order to be considered for placement. If this applies to you, have you met this requirement?

Yes No Please explain: Click or tap here to enter text.

10. Do you currently have a valid **driver’s license**?

Yes No If “No”, when and please explain: Click or tap here to enter text.

11. Have you ever been in arrears or failed to pay **child support** in this state or elsewhere?

Yes No If “Yes”, when and please explain: Click or tap here to enter text.

12. Do you have any **social media accounts and/or postings** that may display questionable attitudes and/or behaviors which may be considered poor judgement, unprofessional, unethical, or illegal?

Yes No

If “Yes”, when and please explain: Click or tap here to enter text.

The above information is truthful and accurate and I have not knowingly withheld any information. I acknowledge that in addition to other action it may be duly authorized to take, SGU can deny my entry into the placement class or later remove me from this placement if it is shown that I knowingly provided inaccurate or misleading information.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(sending in this page via email from student’s SGU account signifies signature)

**Field Placement Consent to Release Information**

Student Name Click or tap here to enter text.

Date: Click or tap here to enter text.

I understand that it may be necessary for the FP instructor to verify and/or share some of the information I reported on the FP Disclosure Statement with FP site supervisors for the purpose of determining my suitability for field placement. I authorize release of any appropriate information contained on the Disclosure Statement necessary for such matters.

Yes  No Date Click or tap to enter a date.

**Field Placement Ethical Standards Agreement**

My signature below affirms I have read, understand, and commit to follow the **National Organization for Human Service (NOHS) Council for Standards in Human Services Education (CSHSE) Ethical Standards.**

A full listing of these standards is in the back of the HS 200 textbook. They are also displayed at the back of the HS 290-390-490 Field Placement text. On-line they can be viewed at <http://www.nationalhumanservices.org/ethical-standards-for-hs-professionals> A shorter student-focused statement is attached to the FP Agreement Form, p. 3, with a signature block. These standards govern this degree program and my Field Placement. Any additional standards required by the agency/site to which I am assigned will also apply.

I agree to abide by all these ethical standards in my placement. I understand that any ethical

concerns or violations may result in placement termination.

Yes  No Date Click or tap to enter a date.

**Professional Liability Insurance; Background Check; Drug Test**

**1) Individual student malpractice/liability insurance coverage *eligibility* is required for HS 290 students; official coverage *certificates* required for HS 390 and 490 students.** Certificate of coverage is to be on file in the HS Dept. before enrollment for HS 390 and 490 students. Waivers for coverage may be granted for in-service employees who have comparable status through their organization; this status shall be verified by organization supervisor before waiver allowed. To get coverage, complete the “American Professional Agency” paperwork (available in #129) or go on-line to [www.americanprofessional.com](http://www.americanprofessional.com). Give your completed application to HS Dept. staff for processing. Class lab fees cover the cost of insurance premium.

The below two requirements additionally ***may*** apply, depending on cooperating organization and circumstances:

**2) Deeper Background checks** will be done by many organizations in order to meet their legal responsibility and must be passed before enrollment.

3) **Drug tests** will be administered by many organizations in order to meet their legal responsibility and must be passed before enrollment.

I understand and will fully cooperate with all these measures to ensure my personal and legal readiness and agency and client safety. I also understand that failing to meet any of these standards will delay or cancel my progression in the Human Services.

Yes  No Date Click or tap to enter a date.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(sending in this page via email from student’s SGU account signifies signature)

**Field Placement Faculty Evaluation**

(\*2 of these are required\*)

Student Name Click or tap here to enter text.

ID# Click or tap here to enter text.

**Directions** to the student-applicant: it is **your responsibility** to make an appointment with the faculty member. At this meeting you will go over the below and thoroughly discuss each factor. You are to cut/paste this page and separate it as a digital file and give it to the Faculty-Evaluator. The Evaluator will then send this file from his/her official email to the Field Placement instructor.

***\*\*Important Two Faculty Evaluation Forms must be completed: one from each below…***

1) HS 200; PY 301 (or similar junior-senior course) Instructor.

2) Student’s Advisor or Alternate Instructor who has consistent contact.

Concentration Area, please check: CD  CJ  MH Date:Click or tap to enter a date.

Evaluator, please rate below the above named student, using 1 = lowest mark; 5 = highest mark

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Factor:** | **1: Very**  **Deficient** | **2:**  **Poor** | **3:**  **Fair** | **4:**  **Good** | **5:**  **Excellent** |
| **1. Attendance** |  |  |  |  |  |
| **2. Punctuality**  a. Class    b. Assignments |  |  |  |  |  |
|  |  |  |  |  |
| **3. Communication**  a. Oral    b. Written  c. Technology |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***4. Student displays and demonstrates the below Lakota Virtues…*** | | | | | |
| A.  **Woksape:**  Wisdom. means having the experience and knowledge to know what is proper and right, and then exercise good sense and judgment |  |  |  |  |  |
| **B. Woohitika**:  Bravery... means having the courage and composure to be daring, take risks, to boldly act in order to be successful and reach goals |  |  |  |  |  |
| **C.  Wowacintanka**:  Fortitude... means grit, having a strong mind and heart, be resilient, and act in a determined manner to overcome challenges. |  |  |  |  |  |
| D**.  Wacantognaka:**  Generosity…  means readiness and actions to be giving and helpful to others. |  |  |  |  |  |
| **5. Student’s understanding of and commitment to the helping field** |  |  |  |  |  |
| **6. Student’s “readiness”** |  |  |  |  |  |

**Additional Comments or Concerns:** Click or tap here to enter text.

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or send from Faculty Evaluator’s official email)