

St. Cloud University
Department of Social Work
BSW Program
Internship Supervisor Data Sheet

1. Name: _____

2. Position/Title: _____

3. Agency: _____

4. Address: _____

5. Phone: _____

6. E-mail: _____

7. Fax #: _____

8. Education: 1. ___BSW 4. _____ Other Bachelor's (Specify)
 2. ___MSW 5. _____ Other Master's (Specify)
 3. ___PhD/DSW 6. _____ Other (Specify)

9. Professional Background:

1. Number of years in human service _____

2. Number of years in this agency _____

3. Number of years in above stated position _____

10. Other specific training (describe type and amount)

11. Are you licensed as a social worker in Minnesota?

LSW _____ LISW _____

LGSW _____ LICSW _____

12. Do you hold any other professional license? (Specify)

13. How many SCSU Social Work BSW student interns have you served as a field instructor for in the last five years? _____

14. How many student interns from other majors and/or schools have you served as the field instructor for in the last five years? _____

Date form completed: _____