

## FIELD PREFERENCE

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Name

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Student ID No.

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Home address

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Phone

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Summer address

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Phone

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E-mail address

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Cell phone

Briefly describe your learning goals? What do you want to learn from your field placement?

What is your learning style? Do you learn by "doing" or do you prefer to shadow and observe initially?

What traits are you looking for in your field instructor?

What are three practice areas in social work of interest to you?

- 1.
- 2.
- 3.

Do you have any special needs or additional considerations, such as disabilities, geographical preferences, or time constraints?

Is there any other information you would like to share with the director of field education to assist in arranging your field placement?

Will you have a car available for transportation to field placement?                      yes \_\_\_\_\_                      no \_\_\_\_\_

Will your insurance cover the transportation of clients or other persons as part of fieldwork?  
yes \_\_\_\_\_                      no \_\_\_\_\_