

SCHOOL OF SOCIAL WORK

Practicum Planning Update Form for SW 3500/4500/4501

Date: _____

Student's Name: _____ Preferred Pronoun: _____

Student Number: _____

Address: _____

Phone Number (Home): _____ (Cell): _____

E-mail: _____

STATUS IN PROGRAM: Third Year: F/T P/T
 Fourth Year: F/T P/T
 One Year: F/T P/T

COMMENCEMENT OF PLACEMENT:

September ____ January ____ Other (specify dates): _____

USE OF A VEHICLE: Yes ____ No ____

LIST PREFERRED PLACEMENT SITES AND/OR CLIENT GROUPS

1. _____
2. _____
3. _____
4. _____