

**CSUMB MSW FIELD PLACEMENT
AGENCY INTERVIEW RESPONSE FORM**

*AFTER THE INTERVIEW PLEASE COMPLETE THIS FORM AND SCAN IT TO [KAIMARTINEZ1@CSUMB.EDU](mailto:kaimartinez1@csumb.edu)
OR FAX IT TO 831-582-5333

Student's Name: _____ **Date:** _____

Agency Information

Agency Name: _____

Interviewer's Name: _____

Phone: _____ **Email:** _____

Standard placement hours: (16 hours per week)

PROPOSED PLACEMENT DAYS (CIRCLE):

M T W TH F S SUN

PROPOSED LOCATION & PROGRAM AREA: _____

PROPOSED FIELD INSTRUCTOR: _____

PHONE: _____ **EMAIL:** _____

Outcome of the Interview:

Would you like this student to be placed within your agency?

- ☐ Yes
*(*Note: Placements are not confirmed without the approval of the MSW field coordinator)*
- ☐ No, not at this time
- ☐ The placement is awaiting further decision

Comments /feedback: _____

INTERVIEWER'S SIGNATURE: _____

THANK YOU FOR TAKING THE TIME TO MEET WITH OUR STUDENT TODAY!

*The MSW Field Education Coordinator will contact you to confirm student placements. Questions? Please contact Kai Medina-Martinez at kaimartinez1@csumb.edu or 831-582-5317.

For CSUMB MSW office use only:

PLACEMENT ACCEPTED Yes _____ No _____ APPROVAL DATE: _____

MSW FIELD EDUCATION COORDINATOR SIGNATURE: _____

STUDENT SIGNATURE: _____

*BY SIGNING THE STUDENT ACKNOWLEDGES THE TERMS AND CONDITIONS OF THE PLACEMENT AS OUTLINED
BY THE AGENCY (WORK SCHEDULE, LOCATION)