



NEW YORK CITY COLLEGE OF TECHNOLOGY

The City University of New York

300 JAY STREET, BROOKLYN, NY 11201-2983

HUMAN SERVICES DEPARTMENT PLACEMENT QUESTIONNAIRE

FALL 2009

1. **Student Information: Check (1): (HUS 2305) _____ (HUS 2405) _____ HUS 4701 _____ HUS 4801 _____**

Last Name _____ First Name _____ S.S.# _____/_____/_____

Address _____

Borough _____ State _____ Zip Code _____

Telephone (Day) (_____) _____ (Eve) (_____) _____

Citytech Email: _____

2. **Indicate (✓) your client population concentration:**

Alcohol and Substance Abuse _____

Child Welfare and Family _____

Disabilities Across the Life Span _____

Gerontology _____

3. **Indicate your availability below (✓). DUE TO AGENCY/SUPERVISOR AVAILABILITY, WE WILL NOT ALWAYS BE ABLE TO HONOR YOUR REQUEST(S).**

a. _____ Weekdays (generally during the hours of 9:00 am – 5:00 pm)

b. _____ Evenings (generally from 4:00 pm - 7:00 pm)

4. **I wish to use (CHOOSE ONLY 1):**

a. _____ use the college's site

b. _____ recommend my current employment: **(AGENCY CONTRACT WILL BE PREPARED UPON COMPLETION OF THIS FORM)**

Director of Interns _____

Agency Name _____

Address _____

Borough _____ State _____ Zip Code _____

Phone Number (_____) _____

c. _____ recommend a new site: **(AGENCY CONTRACT WILL BE PREPARED UPON COMPLETION OF THIS FORM)**

Director of Interns _____

Agency Name _____

Address _____

Borough _____ State _____ Zip Code _____

Phone Number (_____) _____

5. **To be considered for Placement Referral Human Services students must complete steps a – d below:**

a. Complete all prerequisite courses. Review Human Services Advisement Guide for further information...

b. Complete and return the Placement Questionnaire form to the Human Services Office (N 401).

c. Attend one of the scheduled orientation sessions **(EVEN IF YOU HAVE NOT RETURNED THE PLACEMENT QUESTIONNAIRE FORM).**

d. Register for the appropriate internship course.

Some agencies may require health checks (vaccinations, PPD testing, etc.) as well as criminal background checks before accepting you as an intern. Please use the Student Wellness Center (Pearl Building, Room 104) as a possible resource.

(OVER)

6. Are you currently employed? Yes _____ No _____ If yes, please indicate

AGENCY/ADDRESS	SUPERVISOR & PHONE	TASKS	WEEKLY HOURS

7. Please list your previous internships.

	AGENCY	COLLEGE	DATES
HUS 2305			
HUS 2405			

8. **Personal and Confidential:** Please describe any physical limitations, family responsibilities, work schedule and/or other factors which should be a consideration in arranging a Professional internship assignment for you.

Physical Limitations _____

Family Limitations _____

Other Factors _____

9. **Student Goals for the Practicum.** Describe the kinds of experiences you would like to have in your area of concentration. Be sure to indicate the method you wish to learn more about i.e. community organization, group work or individual work.

PLACEMENT QUESTIONNAIRES RECEIVED DURING JANUARY AND JUNE THROUGH AUGUST WILL BE PROCESSED IN FEBRUARY AND SEPTEMBER RESPECTIVELY. PLACEMENT REFERRALS (BASED ON AGENCY AND SUPERVISOR AVAILABILITY) CAN TAKE AT LEAST SIX WEEKS TO COMPLETE, SO THESE STUDENTS WILL START THEIR PLACEMENTS LATE AND HAVE TO MAKE UP ALL HOURS PRIOR TO THE MID SEMESTER GRADING PERIOD.

DECLARATION – I understand that Human Services professionals provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation or socioeconomic status in accordance with the Ethical Standards of Human Services Professional (2000). I also understand that Human Services Internship requires a commitment on my part to fulfill all Human Services Department requirements and deadlines as well as agency and course requirements as stated in The Field Practicum/Professional Internship Guide, the Placement Questionnaire, the Student Field Practicum Agreement, the Professional Internship Contract, and the Field Practicum Manual.

Human Services Student Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE-----