AGENCY SELF-REFERRAL FORM

University of Portland | Social Work Practicum

AGENCY INFORMATION

The Dorothy Day Social Work Program invites community agencies to submit the following information for consideration as a potential practicum placement site for our social work students.

Name of Agency: _____

Specific Program (if applicable): _____

Agency Address: _____

Name & Phone of Primary Contact: _____

Has the agency hosted University of Portland (UP) students before?	**Yes** ☐	**No** ☐
Has the agency hosted social work students before?	**Yes** ☐	**No** ☐

Function / Goals / Mission of the Agency: