



Department of Human Services

Namm 401
AAS/BS Programs
Accredited by the Council for
Standards in Human Services Education
718 260-5135 Fax 718 254-8530

TO: ALL BACHELOR LEVEL STUDENTS WHO ARE TAKING HEA 3500, HUS 3500, AND HUS 3600

FROM: DEPARTMENT OF HUMAN SERVICES / OFFICE OF FIELD PLACEMENT

RE: PRE-PLACEMENT QUESTIONNAIRE FOR HUS 4701/4801

TO BE ELIGIBLE FOR HUS 4701/4801, YOU MUST COMPLETE STEPS 1 – 4 BELOW.

- 1. ATTEND ONE OF THE FIELD PLACEMENT ORIENTATION SESSIONS.**
- 2. FILE A PRE-PLACEMENT QUESTIONNAIRE IN THE HUMAN SERVICES MAIN OFFICE 401) NO LATER THAN 10TH WEEK OF SEMESTER.**
- 3. GET ADVISEMENT FROM HUS DEPARTMENT FACULTY.**
- 4. REGISTER FOR THE APPROPRIATE INTERNSHIP COURSE (HUS 4701/4801) BASED ON COMPLETION OF COURSE PREREQUISITES:**
- 5. UPON COMPLETION OF STEPS 1 – 4, YOU WILL RECEIVE A REFERRAL LETTER BY CITYTECH EMAIL TO ARRANGE AN AGENCY INTERVIEW FOR POSSIBLE ACCEPTANCE AS AN INTERN.**

NOTE: IT IS YOUR RESPONSIBILITY TO COMPLY WITH THE DEADLINES AND REQUIREMENTS OF THE HUMAN SERVICES DEPARTMENT AND REFERRAL AGENCY IN A TIMELY MANNER SO THAT YOU CAN START YOUR INTERNSHIP AT THE BEGINNING OF THE SEMESTER.



**NEW YORK CITY
COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK**

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HUMAN SERVICES DEPT.
NAMM 401 • (718) 260-5135 • FAX: (718) 254-8530

**HUMAN SERVICES DEPARTMENT
PRE-PLACEMENT QUESTIONNAIRE**

TO BE CONSIDERED FOR PLACEMENT REFERRAL STUDENTS MUST:

- a. ALL PREREQUISITE COURSES.
- b. RETURN THIS FORM TO THE HUMAN SERVICES OFFICE (N 401).
- c. REGISTER FOR THE APPROPRIATE INTERNSHIP COURSE.

STUDENTS COMPLETING THE ABOVE AFTER "ONLINE REGISTRATION PERIOD" MAY HAVE TO RECOMMEND AN AGENCY FOR APPROVAL

1. **Student Information: Check Internship Course: 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: (CHOOSE "A", "B" or "C"): BACHELOR Degree interns must be placed at a site for 2 semesters (200 hours per 14 week semester, minimum of 14hrs/week).**
 A. _____ be referred to college's internship site
 B. _____ recommend my current employment: **(AGENCY CONTRACT WILL BE PREPARED UPON COMPLETION OF FORM)**

Director of Interns _____
 Agency Name _____
 Address _____
 Borough _____ State _____ Zip Code _____
 Phone (____) _____ Cell (____) _____
 FAX: (____) _____ email: _____

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 (____) _____ Cell (____) _____
 FAX: (____) _____ email: _____

(OVER)

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.

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

| AGENCY/ADDRESS | SUPERVISOR & PHONE | TASKS | WEEKLY HOURS |
|----------------|--------------------|-------|--------------|
| | | | |

6. Please list your previous internships.

| | AGENCY | COLLEGE | DATES |
|----------|--------|---------|-------|
| HUS 2305 | | | |
| HUS 2405 | | | |

7. **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 _____

8. **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** _____