

DEPARTMENT OF HUMAN SERVICES

NEW ACADEMIC COMPLEX ROOM 805 D

AAS/BS Programs

Accredited by the Council for Standards in Human Services Education

718 260-5415 Fax 718 254-8530

TO: ALL NEXT SEMESTER FIELD PRACTICUMS AND

PROFESSIONAL INTERSHIP STUDENTS

FROM: DEPARTMENT OF HUMAN SERVICES / ACADEMIC INTERNSHIP OFFICE

RE: PRE-PLACEMENT QUESTIONNAIRE FOR ALL FIELD/INTERNSHIP COURSES:

Associate: HUS 2305/HUS 2405 Field Practicum I & II

Bachelors: HUS 4701/HUS 4801 Professional Internship I & II

1. INTERNS MUST PASS INTERVIEW/BEFORE REGISTERING FOR THE COURSE

- 2. COMPLETE THIS PRE-PLACEMENT QUESTIONNAIRE AND SUBMIT TO THE ACADEMIC INTERNSHIP COORDINATOR VIA EMAIL.
- 3. UPON COMPLETION OF STEPS 1 2 YOU WILL RECEIVE A REFERRAL LETTER BY <u>CITYTECH EMAIL</u> TO ARRANGE AN AGENCY INTERVIEW FOR POSSIBLE ACCEPTANCE AS AN INTERN.

NOTE:

- 1. It is the student's responsibility to comply with all deadlines and requirements of the HUS Department and referral agency in a timely manner. This way students can start their internship the first day/week of class. Do not wait until the internship class starts or you will be behind one week of hours. There are no incompletes for internship courses, as there is no NYCCT instructor overseeing the intern once the course ends, otherwise this poses a liability issue for the agency and student. The College does hold a malpractice licensure policy for student interns, only during the duration of the course period.
- 2. 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 as a possible resource.
- 3. Due to the FERPA Student Law of Confidentiality we do not respond to non-student emails. If your CityTech email is not working, go to the Student Center/Atrium.

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NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

285 NEW ACADEMIC COMPLEX, JAY STREET, BROOKLYN, NY 11201-2983 HUMAN SERVICES ACADEMIC INTERNSHIP OFFICE ROOM 805 D • (718) 260-5415 • FAX: (718) 254-8530

HUMAN SERVICES DEPARTMENT FIELD / INTERNSHIP PRE-PLACEMENT QUESTIONNAIRE

TO BE CONSIDERED FOR PLACEMENT REFERRAL STUDENTS MUST:

- a. COMLETE BY NEXT SEMSETER: ALL PREREQUISITE COURSES.
- b. RETURN THIS FORM TO THE HUMAN SERVICES DEPARTMENT (ROOM 805).
- c. REGISTER FOR THE APPROPRIATE INTERNSHIP COURSE.
- d. PREREQUISITES FOR HUS-2305 ARE MATH CERTIFICATION, ENG-1101, HUS-1101, HUS-1201 & HUS 1203
- e. PREREQUISITES FOR HUS-4701 ARE HUS-2405

1. Chec	k Internship Course:	HUS 2305 HUS	S 2405	HUS 4701 _	HUS 4801				
2. Last	Name	First Name	e		EMPLID #				
Address	S								
Borough			State		Zip Code				
Telephone (Day) ()			(Eve) ()						
CityTech Email:					@mail.citytech.cuny.edu				
Due to	the FERPA Law of Stud	ent Confidentiality, we	do not use/re	espond to per	sonal emails.				
3.	Indicate your client population choice by choosing your first, second choice (1st, 2nd)								
	Child Welfare and FamilyDisabilities Across the Life Span (physical/mental/developmental)Gerontology (older adults/seniors)Public Schools. If you know the public school (PS) please indicate: PS# Employment. Must be Human Services related establishment please indicate Other. Human Services Categories not listed								
4.	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) Note: that we have limited evening hours. C Weekends or Remote Online Note: very limited, must be negotiated.								
5.	I wish to: (CHOOSE '	'A", "B" or "C"):							
	be referred to college's	internship site by the H	HUS Academ	nic Internship	Coordinator				
	recommend my current	t employment: IF SO. 9	STUDENT IS	TO HAVE S	UPERVISOR COMPLETE				

Agency Name						
Address						
Borough Phone ()		State	Zip Code _			
Phone ()	Cel	l ()				
FAX: ()	email:					
 recommend a new site: IF SO, STUDENT IS TO HAVE SUPERVISOR COMPLETE NEW AGENCY APPLICATION W/ RESUME AND DEGREE COPY AND THE FOLLOWING:						
Director of Interns						
Agency Name						
Address						
BoroughPhone Number ()		State				
Prione Number ()	Ce	II ()				
FAX: ()	email:					
Are you currently employed?	Yes No	If yes, please indica				
Agency Address:						
Agency Address:Supervisor's Name/Email/Phor	ne					
Agency Address:	ne					
Agency Address: Supervisor's Name/Email/Phor Your Work Tasks: Please list your previous intern	ne					
Agency Address: Supervisor's Name/Email/Phor Your Work Tasks: Please list your previous intern	ne					
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Agency Address: Supervisor's Name/Email/Phor Your Work Tasks: Please list your previous intern	ne			ATES		
Agency Address: Supervisor's Name/Email/Phor Your Work Tasks: Please list your previous intern HUS 2305	ne					
Agency Address: Supervisor's Name/Email/Phor Your Work Tasks: Please list your previous intern HUS 2305 HUS 2405	aships: AGENCY : Please describe any e and/or other factors w	COLLEG	ns, accommodation consideration in an	ATES		

All students must complete, the **Sexual Harassment, Gender-Based Harassment and Sexual Violence Curriculum Workshop,** online at the following website www.citytech.cuny.edu/title-ix

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 (2025).

https://www.nationalhumanservices.org/assets/pdf/Ethics+Code+2024/

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 Pre-Placement Questionnaire, Field Practicum Contract, Professional Internship Contract, and Field Practicum Manual.

Human Services Student Signature	Date