



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: September 15, 2025

Agenda Section: Consent Agenda

Agenda Item Title: Prairie View A&M Department of Social Work Agency and Field Instructor Application

From/Presenters: Dr. Jennifer Gutierrez, Deputy Superintendent

Additional Presenters if Applicable: Rosemary Morales, Director of Guidance and Counseling

Description: The primary goal between Prairie View A&M University students of Social Work and the South San Antonio ISD is to allow the social work students the opportunity to assist our students and social workers with group counseling, co-facilitate individual counseling sessions, and provide resources for the families of the South San Antonio ISD.

Historical Data: This is the first year working with the Prairie View A&M Social Work Agency

Recommendation: Approve the Prairie View A&M University Department of Social Work Agency and Field Instructor Application

Purchasing Director and Approval Date: Rosemary Morales, Director of Guidance and Counseling, September 15, 2025.

Funding Budget Code and Amount: N/A

Goal 4: SSAISD will ensure all students are provided a learning environment centered on their well-being that impacts their learning and success.



The Department of Social Work
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Prairie View, Texas 77446
Phone (936) 261-1670
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**Prairie View A&M University
Department of Social Work
Agency & Field Instructor Application**

Agency Name: South San Antonio Independent School District
Address: 5622 Ray Ellison Dr. SAT 78242
Phone: 210-977-7000 **Website:** www.southsanisd.net

Agency Type: (Select one category that most applies to the practice area of the agency)

<input type="checkbox"/> Aging/Gerontological	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> Health/Integrative Health	<input type="checkbox"/> Immigrant/Refugee Work
<input type="checkbox"/> Crisis Services	<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Displaced Persons/Homeless	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Community Development/Planning	<input type="checkbox"/> Family Services
<input type="checkbox"/> PTSD/Veterans	<input type="checkbox"/> Domestic Violence/Violence
<input type="checkbox"/> Addictions/Physical Dependence	<input type="checkbox"/> Corrections/Criminal Justice
<input type="checkbox"/> Community Mental Health/Mental Health	<input type="checkbox"/> Administration
<input type="checkbox"/> Public Assistance/Welfare	<input type="checkbox"/> Child Welfare
<input type="checkbox"/> Social Policy	<input checked="" type="checkbox"/> School Social Work
<input type="checkbox"/> Military Social Work	<input type="checkbox"/> Group Services
<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Other

Scope of Practice: Social work education requires students to have tasks that help them learn to engage, assess, intervene, and evaluate in **ALL 5 areas of practice**. (Individuals, Families, Groups, Communities, and Organizations)

Please answer the following questions:

- Is your agency equipped to help students learn in all 5 areas?
 - ☒ Yes
 - ☐ We have opportunities in most areas and are willing to discuss how we can accommodate the remaining areas.
 - ☐ No, our opportunities are limited, and we are unable to expand tasks for students.

- Are interns able to complete all hours onsite? X Yes ☐ No

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* Onsite internships may include in person community-based work, in person client home visits, and/or the provision of services to clients on a telehealth platform from the agency office.

Agency-Offered Tasks: (Please check all that apply)
(Please note that available tasks are dependent on student's program of study)

<input checked="" type="checkbox"/> Mental Health/Biosychosocial Assessments	<input checked="" type="checkbox"/> Client service navigation
<input checked="" type="checkbox"/> Community Outreach/Macro Project	<input checked="" type="checkbox"/> Individual Case Management
<input type="checkbox"/> Court Advocacy	<input checked="" type="checkbox"/> Group/Family Case Management
<input checked="" type="checkbox"/> Educational Groups	<input checked="" type="checkbox"/> Developing Treatment Plans
<input checked="" type="checkbox"/> Grant Writing	<input checked="" type="checkbox"/> Care Coordination and linkage
<input checked="" type="checkbox"/> Intakes	<input checked="" type="checkbox"/> Discharge Planning
<input checked="" type="checkbox"/> Multidisciplinary Team Meetings	<input checked="" type="checkbox"/> Evidence Based Treatment/Interventions
<input checked="" type="checkbox"/> Policy-related Tasks	<input checked="" type="checkbox"/> Interprofessional Collaborative Care
<input checked="" type="checkbox"/> Research/Planning	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Resource Referrals	
<input checked="" type="checkbox"/> Termination with Clients	

Field Supervisor Information (The person who will provide oversight to the student)

Name: Ron Flores, MS, LCSW-S

Credentials: (Please check all that apply)

License Number: 38353

<input type="checkbox"/> BSW 5-7 years of experience	<input type="checkbox"/> MSW	<input type="checkbox"/> LMSW	<input checked="" type="checkbox"/> LCSW	<input type="checkbox"/> DSW	Other: Click here to enter text.
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Job Title: Lead Clinical Social Worker

Email: Ronald.flores@southsanisd.net

Direct Phone: 210-860-5086

Agency Phone: 210-977-7000

Cell Phone: 210-860-5086

Requirements

I am aware of and can fulfill the requirement to conduct at least 2 site visits for students virtually or in-person.

☒ Yes ☐ No

My signature below indicates that:

I will complete the required Field Instructor Supervisor Orientation to become an approved Prairie View A&M University Social Work Field Supervisor. rf Initial

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I will provide at least one hour per week (minimum) of scheduled supervision to my assigned student(s). I understand that weekly supervision may be conducted in groups, but I will meet with students individually at least once per month.

rf Initial

I agree to provide supervision the entire duration of the internship. If there is a change in the supervision plan, I will notify the Field Office team immediately.

rf Initial

I will review agency safety policies with my assigned student(s).

rf Initial

I agree to assist my student(s) in developing their Field Education Learning Agreement.

rf Initial

I agree to complete a mid-term and final evaluations of the student.

rf Initial

I will abide by the National Association of Social Workers Code of Ethics.

rf Initial

I am aware and have read the affiliation between my organization and the social work program and agree to abide by the Prairie View A&M University Social Work Field Policies.

rf Initial

Authorized Signatories

Please include the names and contact information of the authorized personnel within your organization who is authorized to sign off on the business agreement between your organization and Prairie View A&M University. This document the application will be processed in a nearly paperless environment, which requires reliance on verifiable electronic signatures, as regulated by the Uniform Electronic Transactions Act. Legally, an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically.

Name: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Direct Phone: [Click here to enter text.](#)