PLACEMENT VERIFICATION FORM

(To be completed by student each term of placement.)

Student and Agency Identifying Information

Student Name: _____

Student phone: ( )_____ Student's Email: _____

Agency Name: _____

Program Name: _____

Field Instructor Name (Please print): _____

Field Instructor Phone ( )_____ Email address: _____

Field Instructor's Program Address:_____

(If applicable): Off-site Field Instructor:_____

Off-site Field Instructor Phone: _____ Email address: _____

Insurance Coverage for Social Work Students While Enrolled in Field Instruction

I am familiar with the safety policies of the agency. I am also familiar with those policies regarding whether students are expected to transport agency clients as part of their practicum assignments and whether the agency provides liability coverage for UM Social Work students placed at the agency to fulfill the requirements of the Field Instruction Program.

I understand that social work interns are covered for medical liability (medical malpractice) under the University of Michigan's policy, but that there is no University general liability insurance which covers my activities as an intern, such as driving my vehicle to transport clients. I also understand that if the agency does not provide general liability insurance for student interns, that it is my responsibility to obtain this insurance, if so desired. The latter may include automobile liability insurance concerning the use of my vehicle to transport clients.

Please carefully review "Insurance Coverage for Students," in *The Field Instruction Manual*.

		YES	NO
A.	Will the agency's general liability insurance cover the student?	☐	☐
B.	If the student is expected to transport clients in any of the agency's programs, will the agency's liability insurance cover such use of the student's vehicle?	☐	☐

(Continued on reverse side of page)

Fieldwork Schedule

Please indicate in the chart below how many hours you will be in field each day. In the second and fourth rows, please indicate whether the agency is mandating a particular day when the day in placement is out of sequence (any field work schedule that deviates from the standard 16-month, 20-month, or Advanced Standing schedules).

Current Term	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Total morning Hours							
"M" for Mandatory "O" for Optional							
Total afternoon Hours							
"M" for Mandatory "O" for Optional							
Evening Hours							

How many practicum credits did you register for this term? _____Total completed practicum credits? _____

Curriculum Track(circle one):	Current Term (circle one)	Term in School (circle one)	Out-of-Sequence (circle one)
16-month	Fall	1st	Yes
20-month	Winter	2nd	No
Advanced Standing	Spring/Summer	3rd	
		4th	

Student signature: _____ Date: _____

Field Instructor signature: _____ Date: _____

You should return this form directly to your Faculty Liaison.

Liaison's initials _____ (Liaisons submit this form to the Office of Field Instruction)