Often times, graduate level social work students are enrolled in practice classes while they are completing a field placement. Professors/instructors may give these students assignments that involve the participation of clients at the fieldwork site. In order for client’s to participate, permission must be obtained and documented. This 3 page form indicates that voluntary permission has been officially obtained from client participants with the acknowledgement and signature of the supervisory field instructor and/or fieldwork site representative.

To be completed by the social work student/intern:

Course Title: ________________
Course Professor/Instructor’s Name (to be completed by the social work student/intern): ____________________
Term Assignment to Be Completed (Circle One):
Fall                Winter                 Spring/Summer
Year: ___________

Name of Client: _______________________
Address: ____________________________
City/State/Zip: _______________________
Telephone: _________________________
E-Mail (if available): ________________
Date: ______________________________

To be completed by Adult or Parent / Legal Guardian (Please Check One):

_____ I am an Adult (over 18 and signing for myself)
_____ I am the Parent / Legal Guardian of a child under the age of 18 years
If permission is given by Parent / Legal Guardian, please complete the following:
Name of child: _______________________
Address (if different from above): ______________
Telephone (if different from above): ___________________
E-mail (if available if different from above): ______________

I give permission to ________________ (name of intern), an MSW student intern at the University of Michigan School of Social Work, to release identifiable information about me (or if parent / legal guardian - my child) captured on a video/DVD and/or audio-cassette during a social work intervention including a counseling/therapy, group or family session held at (insert Fieldwork site’s name). I understand that this
identifiable information will be shared only with the student intern’s instructional course professor/instructor for the purposes of evaluating the MSW student intern’s professional skill development. I have been told the video/DVD or audio cassette will be kept in a secure location at the field site until it is submitted to the course instructor for review. I have also been told the course instructor will handle the materials as confidential and not accessible to others.

I understand that participation is voluntary. I am aware that the services provided by the MSW student intern will not change even if I decide not to sign this permission form.

I have been informed that the MSW student intern will destroy the video/DVD or audio-cassette when the course assignment is graded at the end of the term on the following date: ______________..

I can decide at any time to withdraw my consent to have information shared with a course instructor. I also understand that the video/DVD or tape will not be shown to other members of the class without my signing an additional permission form.

This permission automatically expires in 160 days.

Signature of Client and/or Parent/Legal Guardian: ________________________________

Assent of Minor (if over the age of 12 years) ______________________________

Signature of Student Intern’s Field Instructor: ________________________________

Date: __________________________
PERMISSION OF FIELDWORK SITE TO ALLOW THE MSW STUDENT INTERN TO SEEK WRITTEN PERMISSION FROM CLIENT TO VIDEO AND/OR AUDIO TAPE A CLINICAL SESSION FOR A UM SCHOOL OF SOCIAL WORK INSTRUCTIONAL COURSE ASSIGNMENT

I am aware that ___________________ (name of SSW student), a MSW intern from the University of Michigan School of Social Work, as part of course assignment: (enter course number and term enrolled): SOCWK___________ in FALL/WINTER/SPRING-SUMMER_______, may approach a client(s) to obtain written permission for a social work intervention to be video-taped, made into a DVD and/or audio-taped in our fieldwork site.

I have reviewed the permission form and the steps taken to protect the client’s rights are consistent with the fieldwork site’s policies/procedures.

I give my approval for the MSW student intern to seek voluntary, written permission from client(s) for this assignment.

I confirm that the audio/DVD and/or video tape will be destroyed at the end of the term by the following date: ______________________.

Field Instructor and/or Fieldwork site Representative: _____________________
Fieldwork Site: ______________________________________________
Address:
City/State/Zip Code: __________________________
Telephone: _________________________________
E-mail: ____________________________________
Date: ___________________