University of Michigan School of Social Work
OFFICE OF FIELD INSTRUCTION
Field Placement Verification Form

STUDENT INFORMATION (please print)

Name: 

Home Phone: Cell phone: 

Email: 

Track: □ 16-month □ 20-month □ Advanced Standing 

Current Term: 

AGENCY INFORMATION (please print)

Agency Name: 

Program Name: 

Program Address: 

Field Instructor: 

Phone: E-Mail: Fax: 

Back-up Field Instructor: 

Phone: E-Mail: Fax: 

Does the agency provide you with a stipend? □ YES □ NO 

Amount: ____________ □ weekly □ semester □ lump sum □ other ________ 

I have reviewed the following safety and insurance policies in the FIELD INSTRUCTION MANUAL: 

□ Section 2.33: Safe Health Practices 
□ Section 2.34: Malpractice Insurance 
□ Section 2.35: Vehicle Insurance 
□ Section 2.80: Guidelines for Student Safety

SCHEDULE IN FIELD PLACEMENT

Write the total # of hours of field by day. Example: if you work 8-5PM with a 1 hr. lunch, write “8.”

|------|-------|------|--------|-----|------|------|

HOURS

AGENCY’S INSURANCE COVERAGE

YES □ NO □ Will the fieldwork site’s general liability insurance cover you? 

YES □ NO □ If you transport clients in your car, does the fieldwork site’s automobile liability insurance cover you? 

YES □ NO □ Are you familiar with the safety policies of the fieldwork site? 

FIELD PLACEMENT CREDITS

How many credits of Foundation Field did you register for this term? 515 _____ 

1 credit Foundation Field (515) = 114 clock hours 
Those registered for 515, are also registered for 531 (seminar) = 1 credit

How many credits of Advanced Field did you register for this term? 691 _____ 

1 credit Advanced Field (691) = 57 clock hours

Student Signature: ___________________________ Date: ________________ 

Field Instructor’s Signature: ___________________________ Date: ________________