The relationship between the student and the Field Instruction site is a critical component of the learning experience. Students who experience an un-natural break in their field placement may not be able to return to their initial fieldwork site and may need to be reviewed and re-assigned where possible. In order to respond to the student’s needs and ensure a smooth transition upon return, the student will be required to prepare an action plan.

If a student experiences an un-natural break in field placement for any reason, they are required to complete a “Return to Field Placement Action Plan”. Should the field instructor, student and field liaison agree that the “break” was acceptable/approved, then an Action Plan does not need to be completed. The goal of the action plan is to ensure that the student is ready and able to fulfill the responsibilities and expectations associated with field instruction. This plan must be submitted at least three weeks prior to the posted start date of field instruction for the term.

The student’s Action Plan will be reviewed and approved by the assigned Field Educator/Field Liaison and must also have the approval of the Director of Field Instruction. This review will evaluate the student’s proposed Action Plan, and if requested, any restrictions and/or accommodations that will involve the fieldwork site. If the fieldwork site is unable to provide the requested accommodation, and an equally effective accommodation is not available, the student will need to work with the Office of Field Instruction to obtain another field placement. Students are strongly encouraged to consult with the UM Office of Services for Students with Disabilities if accommodations or restrictions are anticipated to be part of the student’s Action Plan.

If a student has been under the care and/or supervision of a physician or other health care professional during the period of time he/she was unable to participate in field placement, a memo will be sent to the identified health care provider after the student has signed a release of information, requesting that the provider submit a health care release which indicates the student is ready and able to return to the field placement with or without accommodations.

If the release from the health care provider includes any restrictions or need for accommodations, then the statement must include the duration of the restrictions or need for accommodations, and the necessity for any follow up care that may impact the field placement. All documentation will be submitted to the Office of Field Instruction (OFI). If accommodations are indicated, then the information will be sent to the UM Office of Services for Students with Disabilities for review. This office will advice OFI with regard to the implementation of the requested accommodations.

Attached is a copy of the Return to Field Placement Action Plan that students must complete.
Return to Field Placement Action Plan

Student Name: ______________________________  Student Unique Name: _______________
Where previously placed: _____________________   Date left placement: _________________
Term/Date of Anticipated Return: ______________
Curriculum Schedule (circle one):         SWAS           SW16         SW20

I. Provide a brief explanation below addressing why your field schedule was interrupted:

II. If you have been under the care and/or supervision of a physician or other health care professional during the interruption of your field placement, you must contact the Director of Field Instruction to sign a Release of Information and receive a “Release Form to Return to University of Michigan Social Work Field Placement”. You will be asked to take this to your current health care provider to complete prior to returning to field placement.

III. If you have any personal circumstances that may impact your field placement, you must attach an explanation that indicates how these circumstances may impact your field placement responsibilities and what your plan is to mitigate the impact on your field placement.

IV. This Action Plan, the memo from your health care provider, and any additional documentation must be returned to the Office of Field Instruction 3 weeks prior to the anticipated return to field placement.

________________________________________________
Student Signature                                 Date

________________________________________________
Field Educator/Field Liaison      Date

________________________________________________
Director, Office of Field Instruction              Date

□ Approved          □ Disapproved                Remarks: