## Consent Form for Direct Observations

You should only sign this form if you agree to being observed.

If you do not want to be observed, you do not need to complete this form.

|  |  |
| --- | --- |
|  | Yes |
| I have been given an opportunity to ask any questions and my questions have been answered in full  | [ ]  |
| I understand that I do not have to agree to being observed  | [ ]  |
| I know that I can stop the observation at any time, without having to give a reason | [ ]  |
| I understand that my identity and personal information will remain anonymous and specific information about me will not be included in the student's portfolio. | [ ]  |
| I understand that this consent applies only to this specific observation | [ ]  |
| I understand that I will be asked for feedback on the student’s practice after the observation, but I am not required to give feedback if I choose not to. | [ ]  |
| I agree to my meeting with the student social worker being observed | [ ]  |

Your name (please print):

Signature:

Date:

Student’s name:

Practice Educator’s name: