



INTERNSHIP OR PRACTICUM CLIENT ETHICS AGREEMENT FOR AN ETHICS CONFLICT RESOLUTION

State Form 54328 (7-10)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is for ethics conflict resolution purposes only. The Department of Child Services (DCS) employee must require all potential or existing clients to sign this form acknowledging that he or she agrees to the terms of this form. The DCS employee must place this form in the client's file at the internship or practicum agency.

Name of DCS Employee

1. I understand that the person named above is a full time employee with the DCS.
2. I understand that the individual named above may not continue working with me if I am, or if I become, involved with DCS in any capacity (excluding receipt or payment of child support).
3. I certify that I am not currently involved with DCS in any capacity (excluding receipt or payment of child support).
4. I understand that the individual named above must and will report any instances of child abuse or neglect to DCS.
5. I understand that if I become involved with DCS I must report that to the individual named above.

Printed name of client

Signature of client *(if under eighteen (18), parent / guardian must sign below)*

Date *(month, day, year)*

I am the legal parent or guardian of the above client. I have read and agree to the provisions stated above.

Printed name of parent / guardian

Signature parent / guardian

Date *(month, day, year)*