



Department of Communication Sciences and Disorders

INTERNSHIP CONTRACT

Student Name: _____

Types of Internship Requested:

Semester:

- | | | | |
|--------------------------|------------------|---|-------|
| <input type="checkbox"/> | CSAD 295I | Itinerant Public School Internship | _____ |
| <input type="checkbox"/> | CSAD 295M | Medical Internship | _____ |
| <input type="checkbox"/> | CSAD 295P | Private Practice Internship | _____ |
| <input type="checkbox"/> | CSAD 295S | Special Day Class Internship | _____ |

Internship Number and Length:

Only two internships are required. School placements (295I and 295S) are nine weeks in length (45 work days) each and can be completed at the elementary, middle, or high school levels. Medical and private practice internships are required to last a minimum of nine weeks, but could last as long as 12 weeks, depending on the individual site's requirements. Each medical and private practice site has the authority to dictate how long the internship will last, between 9-12 weeks. The itinerant internship is almost always the first internship that students complete and it must be completed before a special day class internship. Enrollment in the semester long CSAD 250 class is a co-requisite for school internship placements.

The student intern is required to complete the work week of the supervising SLP and be no less than 30 work hours per week. Any and all exceptions must be approved by the Clinic Director. The student registers for four units per internship.

Prerequisites:

The following prerequisites must be completed, with scanned copies uploaded into your file in CALIPSO: (Please **highlight** the ✓ to indicate completed)

- ✓ **CPR certification** that lasts through the duration of all internships
- ✓ **TB Clearance** that lasts through the duration of all internships
 - **NOTE:** *Several medical internship sites require proof of negative TB results within 60 days of internship start date, so you may be required to complete a new clearance even if the one you have on file is considered current per clinic policy.*
- ✓ A completed **Certificate of Clearance**. Your Certificate of Clearance **must be approved before** you will be allowed to begin your public school internship.
 - Instructions are found on the CSAD department's webpage, under Resources – CSAD Forms and Documents

The following must be signed and placed in the Clinic Director's mailbox during your **third semester of clinic, either by November 1st or April 1st**, which ever applies to you:

- ✓ Signed Internship Contract
- ✓ Signed Release of Liability form (attached)
- ✓ Signed Student Conduct Guidelines (attached)
- ✓ Signed Informed Consent form (attached)

Additional requirements for medical internships may include an additional fee to register with myClinical Exchange to complete a Hospital's onboarding process. You will be notified after placements have been made if you need to register.

For medical internships, you may be required to provide proof of (scanned into CALIPSO):

- ✓ Medical Insurance
- ✓ New Background check with drug screen, completed no sooner than 60 days prior to the first day of your medical internship (results sent to the University)
 - We have provided a link for a background check with a drug screen on the CSAD department's webpage, under Resources – CSAD Forms and Documents. There are additional fees associated with this process.
- ✓ Hepatitis B shots
- ✓ MMR, Varicella, and T-dap
- ✓ Flu Shot
- ✓ Negative TB Test within 60 days of start date

Potential requirements in addition to these for your public school internship may include separate fingerprinting for that district.

Clock Hours:

A clock hour is defined as an hour spent directly with a client and/or caregiver doing the work of a speech-language pathologist. This means that, even though you may be at a work site for 6-8 hours per day, you can only count those hours spent directly working with clients.

To obtain the Speech-Language Services Credential awarded by the California Teacher's Commission and be permitted to work in most public school districts, the student intern must complete a minimum of **100 clock hours during their *Itinerant Public School Internship***.

To obtain the Special Class Authorization (added to the credential mentioned in the previous paragraph) to teach in a Special Day Classroom the student intern must complete a minimum of 100 clock hours during their 9 week *Special Day Class Internship*.

Internship Sites

The Department of Communication Sciences and Disorders is required to have contracts with all internship sites so that the student, the site, Sac State, and the Department are all protected against legal liability whenever possible. This means that before you can be assigned to an internship there must be a contract initiated, signed by both parties, and received. This process takes time. If you are aware of a site at which you would like to intern that seems to be different than we've used in previous years, please contact the Clinic Director to verify that a contract is already in place.

Once you have been assigned to an internship site, your option for withdrawal is extremely limited. These SLP mentors/site supervisors have committed to supervising, guiding, and teaching you clinical skills as have you committed to learning these clinical skills. It is highly unprofessional to commit/agree to an internship and withdraw for any reason other than VERY important reasons.

I have read and understand the above requirements. By submitting this form I agree to comply with the above requirements.

Student Signature

Department Representative

Date:_____

Date:_____



RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY
CLAIMS

Activity:

Internship Course Numbers: _____

Activity Occurrence: (please highlight)

Spring Fall Summer Semester 20_____

Activity Locations/Facilities: (please highlight)

Public School Medical Private Practice Special Day Class

Hazards to be aware of: *Site specific*

Hazard mitigation: *Individual sites to provide training during onboarding process*

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Sacramento and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: _____ Date: _____

Signature: _____

Sacramento State
SERVICE LEARNING
STUDENT CONDUCT GUIDELINES AND LIMITATIONS

The Student

(print first and last name)

acknowledges receipt of and agrees to abide by the following Conduct Guidelines and Limitations while enrolled in:

(Please **highlight** below the courses to which this contract pertains to you)

CSAD 295I:	Internship: Itinerant Public School
CSAD 295M:	Internship: Medical Facility
CSAD 295P:	Internship: Private Practice
CSAD 295S:	Internship: SDC-CH Class

GUIDELINES:

Ask for help when in doubt: Your site supervisor understands the issues at your site and you are encouraged to approach him/her with problems or questions as they arise. He/she can assist in your determining the best way to respond to difficult or uncomfortable situations. Feel free to contact your instructor with questions concerning your placement.

Be punctual and responsible: Although you are volunteering your time, you are participating in the organization as a reliable, trustworthy and contributing member of the team. Both the administrators and the persons whom you serve rely on your punctuality and commitment to completing your service hours/project throughout your partnership.

Call if you anticipate lateness or absence: Call the site supervisor, or the designated contact person, if you are unable to come in or if you anticipate being late. Be mindful of your commitment, people are counting on you.

Respect the privacy of all clients: If you are privy to confidential information with regard to the persons with whom you are providing service (i.e. organizational files, diagnostics, personal stories, etc.), it is vital that you treat it as privileged information. Ask for directions from your instructor as to the appropriate method of referring to “clients,” or the people you work with at the service sites, in providing presentations or written materials.

Show respect for the organization to which you are providing service:

Placement within community programs is an educational opportunity and a privilege. Keep in mind, not only are you serving the community, but the community is serving you by investing valuable resources in your learning.

Be appropriate:

- Treat supervisor(s) and others with courtesy and kindness.
- Dress neatly, comfortably, and appropriately. Many of the placement sites will have dress codes.
- Use formal names unless instructed otherwise.
- Set a positive standard for other students to follow.

Be flexible: The level of intensity of activity at a service site is not always predictable. Your flexibility to changing situations can assist the partnership in working smoothly and producing positive outcomes for everyone involved. Notify your supervisor if you require special accommodation in order to participate in an activity.

LIMITATIONS:

Do Not:

1. Report to your service site under the influence of drugs or alcohol.
2. Give or loan a client money or other personal belongings.
3. Make promises or commitments that you cannot keep to a client.
4. Give a client or agency representative a ride in your personal vehicle.
5. Tolerate verbal exchange of a sexual nature or engage in behavior that might be perceived as sexual with a client or community organization representative.
6. Tolerate verbal exchange or engage in behavior that might be perceived as discriminating against an individual on the basis of his/her age, race, gender, sexual orientation, ability or ethnicity.
7. Engage in any type of business with clients during the term of your service.
8. Enter into personal relationships with a client or community partner representative during the term of your service.

If you feel that your rights have been violated, or that any of the above stated limitations have been violated, please contact your instructor immediately.

Student Name (Please print)

Student Signature

Date

**Sacramento State
Community Engagement Center
INFORMED CONSENT, AGREEMENT, RELEASE, WAIVER OF
LIABILITY,
AND ASSUMPTION OF RISK**

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the Sacramento State (“University”), service learning program and activities related to the following courses:

(Please **highlight**)

<i>CSAD 295I</i>	<i>Itinerant Public School Internship</i>
<i>CSAD 295M</i>	<i>Medical Internship</i>
<i>CSAD 295P</i>	<i>Private Practice Internship</i>
<i>CSAD 295S</i>	<i>Special Day Class Internship</i>

I, _____ for myself, my
(*print first and last name*)

successors, heirs, assigns, executors, and administrators:

1. Warrant that I am at least 18 years of age. (If under 18, please submit the parental consent form in lieu of this waiver).
2. Agree and understand that my work and experience in the service learning program in no way creates an employee/employer relationship with the University. I agree and understand that my participation is voluntary and purely that of being a student at the University.
3. Agree that I am responsible for my transportation to and from the placement site. The placement site may be located in various locations away from the University campus. The placement site shall be my field experience (or Internship) worksite. A safe commute is my sole responsibility and expense.
4. Agree that prior to participating I will inspect the placement site's facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the activity, facility, or area;
5. Acknowledge that I fully understand that my participation may involve risk of injury or death, including economic loss which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, or this type of event or activity.

6. Agree to maintain Health Insurance at my own expense that covers my person while I am a student and while participating in this program.
7. **Assume any and all risks of personal injuries to myself**, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity and the negligence of the University;
8. **Covenant not to sue or present any claim** for personal injury, property damage, or wrongful death against the University, its officers, agents or employees, attributable to my participation in the event or activity and the negligence of the University;
9. **Release**, waive, discharge and relinquish the University and its officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against the University arising from or attributable to my participation in the event or activity and the negligence of the University;
10. Warrant that I am in good health and to the best of my knowledge have no physical condition that would prevent me from participating in this event or activity;
11. Agree to submit to any placement site-required background checks and respect their rules of privacy. I may be terminated from participation at this site with or without cause.

**INFORMED CONSENT, AGREEMENT, RELEASE, WAIVER OF
LIABILITY, AND ASSUMPTION OF RISK**

MY SIGNATURE ON THIS DOCUMENT **RELEASES** CALIFORNIA STATE UNIVERSITY, SACRAMENTO FROM LIABILITY FOR MY PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE ARISING FROM MY PARTICIPATION IN THIS ACTIVITY AND THE NEGLIGENCE OF THE UNIVERSITY. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE _____

STUDENT CONTACT PHONE

STUDENT SACLINK EMAIL ADDRESS