



CHILD DEVELOPMENT PRACTICUM AGREEMENT

DELTA COLLEGE in cooperation with:			
School/Program:			
Director/Supervisor			
Street /City/State/Zip:			
Phone:		Fax:	
Training Schedule:			
E-Mail (for copy of signed agreement)			
STUDENT			
Delta Student #:			
Name of Student:			
Street/City/State/Zip:			
Phone:			
E-Mail (for copy of signed agreement)			
Date Training Begins:			
Expected Completion Date:			
Occupational Goal:			
Delta College Faculty/Instructor:			

- Am aware that child abuse and neglect is against the law.
- Agree to adhere to Michigan's Licensing laws and the practicum site's policies on child abuse and neglect
- Understand I am a mandated reporter and am required to report suspected abuse or neglect to children's protective services.
 - o The Michigan Child Protection Law requires certain professionals to report their suspicions of child abuse or neglect to the Department of Health and Human Services (DHHS). These people are mandated reporters, and they have established relationships with children based on their profession
- Understand I can contact Jill Harrison if I need support in my role as a mandated reporter.
- Agree to be supervised at all times and understand I am never to supervise or be left alone with children at any time for any reason.
- Agree the Delta College student(s) completing his/her/their CD practicum hours at my site are supervised volunteers at all times; they will never supervise or be left alone with children at any time for any reason.

This Agreement is made effective as of the date first written above by the signature of the parties below. As between Delta and Agency only, this agreement shall automatically be extended annually for additional periods of one (1) year each unless Delta or Agency notifies the other party in writing six (6) months in advance of the next scheduled Internship experience.

<p>DELTA COLLEGE</p> <p>_____ Signature of Authorized Representative</p> <p><u>Jonathan Foco</u></p> <p>Its: <u>Director of Business Services</u></p> <p>Date: _____</p>	<p>AGENCY</p> <p>I have read and agreed to the terms and conditions at http://www.delta.edu/community/documents/child-development-practicum-agreement.pdf.</p> <p>_____ Signature of Authorized Representative</p> <p>_____ Name, printed or typed</p> <p>Its: _____ Title of Authorized Representative</p> <p>Date: _____</p>
<p><i>A copy of the signature page, once signed by all parties, will be provided to the Agency, Instructor, and Student.</i></p>	<p>STUDENT</p> <p>I have read and agree to the terms and conditions at http://www.delta.edu/community/documents/child-development-practicum-agreement.pdf.</p> <p>_____ Signature of Student</p> <p>_____ Name, printed or typed</p> <p>Date: _____</p>