



Education (K-12) Practicum Agreement

DELTA COLLEGE in cooperation with:	
Teacher and Grade (Subjects)	
School and District	
School Address	
Teacher Phone	
Teacher Email	
Field Schedule	
Delta Student Information	
Name of Student & Delta ID#	
Student Phone	
Delta Email	
Date Field Placement Begins	
Expected Completion Date	
Delta College Class	
Delta College Faculty:	

Signatures denote understanding of the following:

- 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.
- Contact Kristin Cornelius if support is needed at any point during this practicum experience.
- Delta student agrees to be supervised at all times and understands they are never to be the direct supervisor of students or be left alone with students at any time for any reason.
- Mentor teacher agrees the Delta College student completing his/her/their ED practicum hours at the site are supervised volunteers. Delta Students cannot be the direct supervisor of students or left alone with students 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. The expected completion date first written above can be extended by up to six months, if necessary, without submission of a new form.

DELTA COLLEGE <hr/> <i>Signature of Authorized Representative</i> Name (Printed or Typed): <u>Gregory Luczak</u> Its: <u>Director of Business Services</u> Date: _____	SCHOOL DISTRICT (If required by District) <hr/> <i>Signature of Authorized Representative</i> Name (Printed or Typed): _____ Its: _____ <i>Title of Authorized Representative</i> Date: _____
DELTA STUDENT <hr/> <i>Student Signature</i> Name (Printed or Typed): _____ Date: _____	MENTOR TEACHER <hr/> <i>Mentor Signature</i> Name Printed or Typed): _____ Date: _____