

***NOTE: This agreement is valid for one semester only
and must be renewed for each semester of internship.***

ATTACHMENT A: SLP / SLPA CONTRACT

Name of College/University: _____

Name of College/University Program (“the Program”): _____

Type of Training Experience/Internship: _____

Dates of Training/Internship: _____

Student’s Name: _____ **Phone #:** _____

Average number of hours to be worked by the Student each week: _____

Facility Name: _____

Facility Address: _____

Location Where Training will Occur (if different from Facility’s Address above):

Facility Representative’s Name: _____ **Phone #:** _____

Activities/Job tasks and skills the Student will learn:

Tools and Equipment the Student will use:

STUDENT RESPONSIBILITIES: In exchange for the opportunity to participate in the training experience/internship at the Facility, the Student agrees to:

The following skills/items must be sufficiently demonstrated during the time period of the first 25-40% of the SLPA’s internship. **If any or all of the items listed in this area are not met, your internship will be terminated, and you will not be able to re-apply for the SLPA program at ATCC.** Your instructor will review this checklist with your SLP within the 25-40% internship timeline range.

1. SLPA is consistently on time.
2. SLPA demonstrates that he or she is prepared to start the internship and has completed any preliminary paperwork or tasks, i.e has a badge to get into the school, etc.

3. SLPA dresses appropriately for the setting.
4. SLPA uses time wisely. For example, not texting, working on homework, making personal appointments, during internship time.
5. SLPA understands and correctly uses key terms in speech and language pathology.
6. SLPA is proactive rather than reactive in terms of participating in a therapy session. Student is starting to think ahead and anticipate the needs in the speech therapy room.
7. SLPA demonstrates excellent rapport with SLP, students, and staff.
8. SLPA demonstrates a basic understanding of scope and sequence of therapy.
9. SLPA is demonstrating the skills necessary to successfully contribute to and or conduct therapy sessions.
10. SLPA is able to efficiently and competently assist the SLP with clerical tasks.

PLEASE NOTE THAT YOUR SUPERVISING SLP MUST HAVE THEIR MASTER'S DEGREE AND THEIR CCC IN THE AREA OF CSD. IF NOT AND THERE ARE SPECIAL CIRCUMSTANCES, PLEASE EMAIL ME RIGHT AWAY.

The student must also:

1. Keep regular attendance and be on time, both at school and at the Facility's training site. The Student will promptly notify the Facility's training site if unable to report. The Student's placement will automatically terminate if the Student terminates his/her enrollment in the Program or is no longer enrolled as a student at the College/University.
2. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, desirable health and grooming habits, desirable/required dress and a willingness to learn; and
3. Furnish the coordinating College/University instructor with all necessary information and complete all necessary reports requested by the instructor. Submitting falsified reports is cause for immediate expulsion from the Program; and
4. Conform to all rules, regulations, and policies including health, safety, and work environment of the Facility, follow all instructions given by the Facility and always conduct myself in a safe manner; and
5. Consult with the College/University instructor/lab assistant about any difficulties arising at the Facility's training site; and
6. Be present at the Facility's training site on the dates and for the number of hours agreed upon; and
7. Not terminate his/her participation in the training experience at the Facility without first consulting with the College/University's instructor/lab assistant.
8. **The SLPA student will complete 25 full days of internship per semester. This should be in increments of no less than 2 full days per week. Please note that as an SLPA student you may need to take a leave of absence from another job to complete this internship.**
9. **Student will submit their internship schedule (days/dates/times) to the College Clinical Supervisor at least one week prior to starting their internship.**

The Student also understands and agrees that:

- a. placement and participation in this training experience is not employment with the College/University or Facility;
- b. the Student is not covered by the College/University worker's compensation coverage; and
- c. the Student will not receive any money or compensation or benefits of any kind from the College/University in exchange for his/her participation in the training experience.

The Student also understands that the Facility does not promise or guarantee any future employment for the student.

The Student understands that he/she is responsible for providing his or her own health insurance and for any and all medical expenses incurred by him/her related to any injury, loss or illness sustained by him/her while participating in the training experience at the Facility.

SLPA Student's Signature: _____

Student's Name (please print): _____

Date: _____

SLPA Student Parent/Guardian Name (required for students under 18 years of age - please print):

Parent's Signature: _____

Date: _____

Speech Pathologist Signature: _____

Date: _____

SLP Email Address: _____

SLP US Mail Address: _____

SLP Phone Number: _____

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