SLPA 126 ACKNOWLEDGEMENT AND COMMITMENT FORM

(Revised, summer 2014))

Each student must read and sign this form before placement for fieldwork in SLPA 126. Once signed, failure to follow the requirements will result in "No Pass" for the fieldwork assignment and withdrawal from the class. No student will proceed with a fieldwork assignment for SLPA 126 without having read and signed this form. Signature by student will imply full understanding of all requirements and agreement thereof.

- (a) I have attended a Mandatory Fieldwork Orientation meeting on_____ and I understand and agree to the requirements for personal, professional, pragmatic behavior and attendance at the assigned fieldwork assignment and on-campus fieldwork meetings. I understand that failure to attend such a meeting will result in my not being placed for fieldwork in the semester upcoming.
- (b) I have purchased the Clinical Fieldwork Handbook <u>prior</u> to the beginning of the fieldwork rotation and understand that I am bound to adhere to its contents and information.
- (c) I understand that a request for a particular fieldwork site or even type of fieldwork site may not be granted.
- (d) I understand that I must accept the fieldwork assignment I am given or wait until the following semester to be reassigned, but that such reassignment may be delayed until the following year.
- (e) I understand that if I withdraw from my assigned fieldwork more than once and for reasons other than medical emergency and duly documented, I will not be reassigned.
- (f) I understand that I must abide by specific timelines and preparation as stated in the Mandatory Fieldwork Orientation that I attended and the SLPA 126 syllabus, including, but not limited to purchase of active malpractice insurance, active TB testing, additional live-scan fingerprinting which may be required by any fieldwork site, NSSHLA membership and that the same must be completed <u>prior</u> to the start of the fieldwork experience and that failure to do so of any fieldwork requirement will result in my being withdrawn from SLPA 126 and not being reassigned for up to one year.
- (g) I understand that I must personally contact the prospective fieldwork site suggested by the on-campus supervisor, and that I must arrange an interview with the prospective Master Clinician prior to the beginning of the semester of fieldwork initiation, unless otherwise arranged and specified in writing by the on-campus supervisor and instructor.
- (h) I understand that I must have an appropriate, truthful, grammatically correct and professional appearing resume to present to my prospective Master Clinician and submit that at the initial interview, and that I must present myself in appropriate and professional dress, as stipulated.
- (i) I understand that I must report the results of that interview, regarding acceptance or non-acceptance as a prospective fieldwork intern to that site and that it is my responsibility with the accepting fieldwork site to determine days and times of the 16 week rotation.
- (j) I understand that SLPA 126 fieldwork is conducted during the regular semester and that I am bound to be present at my fieldwork site for 2 full days and that a full day constitutes an 8 hour day, including a break for lunch and short morning and afternoon break
- (k) I understand that I must earn a minimum of 180 hours to complete my assigned fieldwork experience but that evaluation of my ability to demonstrate competency as a SLPA is not dependent upon attendance alone but upon demonstration of competencies as stated in the Fieldwork Handbook and SLPA 126 syllabus and that further hours may be required by both the on-campus and off-campus supervisors to demonstrate such competencies.

- (1) I understand that I may be asked to provide additional hours to the fieldwork site in order to demonstrate competencies and in order to provide appropriate services, as measured by the Master Clinician at the site and the on-campus supervisor.
- (m) I understand that I must attend and be on time for a minimum of 6 on-campus staff meetings on the Pasadena City College campus and that such meetings are mandatory and that I must complete assignments for the same. In the event of an emergency, I must fully provide verification of my tardiness and/or absence and that further hours will be required in order to make up said absence.
- (n) I understand that I must ethically and honestly keep track of my own clinical hours at the fieldwork site, utilizing the forms provided in the Fieldwork Handbook and that I must have such hours signed by the Master Clinician. If it is determined that the signature on these forms has been forged or the hours falsified or not kept, as instructed, I understand that I will be removed from the program permanently. In addition, these "hours' forms" must be available for review by the on-campus Instructor at any time, and that failure to do so may result in my withdrawal from the fieldwork site and SLPA 126 for the semester.
- (o) I understand the fieldwork rotations begin when the semester begins and ends when the semester ends, as stated in the SLPA 126 syllabus and the Pasadena City College Academic Calendar.
- (p) I understand that I must fully complete a "Site/Schedule Information" form with my own complete address, cell phone and email; my employment, school or other schedule outside of the assigned fieldwork schedule, the full name, address and telephone number of the assigned site with driving directions from PCC, the stated days/hours at the assigned fieldwork site and contact information for the designated Master Clinician and that "Site/Schedule Information" form must be given to the on-campus Instructor at the beginning of the semester of fieldwork.
- (q) I understand that I must have a working email address and that I must respond within 24 hours to emails sent by the On-Campus Instructor and/or Master Clinician
- (r) I understand that I will have to do outside reading, research, lesson planning and materials preparation/creation relevant to the caseload with whom I am assigned and that the same will be viewed by the On-Campus Supervisor and the Master Clinician
- (s) I understand that I must take responsibility for the experience I have during my fieldwork rotation(s) and if I am having problems, I need to seek solutions, not blame others. If I am having problems, I will contact the designated faculty member from the college, immediately.
- (t) I understand that being a SLPA at Pasadena City College requires pragmatic appropriateness, collegiality and good will, and that any negative or critical commentary heard or reported to the Master Clinician or On-Campus Supervisor or by other personnel which is critical of any Master Clinician, staff at the site, professor or other SLPA student enrolled in the SLPA Program will be grounds for dismissal from the SLPA Program.
- (u) I understand that statements of excuse, such as "I forgot," or "I did not have time" or "I was too busy" or "I did not have transportation" will never be accepted as reasons for not completing any aspect of the fieldwork assignment.
- (v) I understand the "3 Strikes and You are Out" policy, that the same has been explained to me, and that if I have "3 Strikes," I will be removed from SLPA 126 and receive No Pass or NP, and that I will not be reassigned to another site for 1 year.

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- (w) I understand that I must present a videotape of a clinical fieldwork session within the semester; that I must arrange to videotape my clinical fieldwork, using a video camera of my own or checking out a FLIP video camera from the SLPA Office, and that I must follow up with my on-campus Supervisor with an established time to review the session in the Supervisor's office and/or in a mandatory on-campus meeting.
- (x) I must provide a written lesson plan of the videotaped session and show correlation of that lesson plan with my Master Clinician's IEP or treatment plan and/or behavioral goals for the client (s).
- (y) I formally commit to complete the 16 week fieldwork rotation (which may be two 8 week rotations or one 16-week rotation) during the regular semesters, and that I am not permitted to make arrangements or changes to said assigned rotation without the express written consent of the college faculty member.
- (z) I understand that I must adjust or cancel my employment, family needs, child and daycare or elder care needs and any other personal schedule to adapt to any and all requirements of the fieldwork assignment.
- (aa) I understand that my absence at the fieldwork site or from a mandatory on-campus meeting for illness, family emergency or other reason must be duly documented, both the on-campus and off-campus supervisors notified, and made up, as designated by the On-Campus Instructor and the Master Clinician and that failure to do so within the assigned semester may result in an "Incomplete."
- (bb) I understand that I will be under the direction and control of the receiving entity or fieldwork site and I am subject to any and all disciplinary procedures relative to. Violation of said sites expressed policies may results in termination from site placement and the program.
- (cc)I must maintain all legal and ethical standards of confidentiality and Health Insurance Portability and Accountability Act relative to patient care. Violation of such will result in termination from site placement and the SLPA Program.
- (dd) I understand that if I receive "No Pass" for SLPA 126 that I must honestly disclose the circumstances and events for that evaluation in writing with a copy signed by me and present the same to the On-Campus faculty supervisor and to a prospective new Master Clinician(s) during an interview process for prospective reassignment at a future date.
- (ee) I understand if I receive "No Pass" for SLPA 126 that I may be counseled by the On-Campus supervisor and faculty to adhere to an "Improvement Plan" to achieve competencies not so demonstrated in the prior enrollment of SLPA 126 and that reassignment may be delayed until "Improvement Plan" has been met.
- (ff) I understand if I receive "No Pass" for SLPA 126 for reasons of ethical, legal and/or Pasadena City College Student Code of Conduct violations that I will not be reassigned and I will be dismissed from the SLPA Program.

Student Signature and ID	Date