

The quality of student placements – both the degree of professional experience gained by students and the quality of work they perform – is impacted by the plans made and recorded in the Educational Agreement. The Educational Agreement provides the framework that ensures everyone is on the same page working together as the student progresses toward completing the requirements needed for the experience.

The educational contract will:

- Clearly define tasks and responsibilities to be completed by the student
- Set a work schedule and work parameters
- Establish when and how often evaluations will take place

Items to consider while developing responsibilities and projects with your supervisor:

The purpose of the experience is to provide the student with the opportunity to:

- □ Apply classroom knowledge to the laboratory of the work world in order to test theories, concepts and philosophies.
- □ Test skills in management, supervision, and leadership.
- Develop valuable contacts in the field by networking with professionals.
- □ Analyze his or her commitment to the field while it is still relatively easy to change.
- □ Identify technical and/or theoretical competencies that need further development.
- □ Develop motivation and self-confidence.
- □ Observe and develop the values/ethics of professionals.
- □ Assume professional responsibilities and substantive tasks.

INSTRUCTIONS:

- Complete all sections with your supervisor.
- Please type your responses into the document and print a copy to sign.

Upon completion of the meeting to complete and approve the Educational Agreement:

- 1. The student and site supervisor should sign the document.
- 2. The student should provide site supervisor with a copy and keep a copy for their own records.
- 3. The student should return the signed copy by scanning and emailing to the **Pre-Health Internship Placement Specialist**, <u>Christina.Islas@asu.edu</u>, one week prior to the semester/internship start date.



EDUCATIONAL AGREEMENT

Name (Last, First)		ASU ID (10 digit)			Phone
Major(s)		ASU E-mail Address			Date
INTERNSHIP PLACEMENT					
Site Organization Name		Address		Phone	
Site Supervisor Name		E-mail Address			Phone
Position is □Paid □Unpaid List hourly wage:		Type of Company □ For-profit □ Health facility □ Religious institu □ Other (specify)	ution Start	ernme	□School ent agency
ACADEMIC REQUIREMENTS					
Year 20 Semester □Fall □Spring □Su	mmer	Start Date		End [Date
Course Enrollment:	Other	_		1	
THIS SCHEDULE WILL PROVIDE FOR THE	FOLLOWIN	NG TOTAL NUMBER OF H	IOURS WORKED)	
Weekly Schedule Mon: Tues: Wed:	Thurs:	Fri: Sat			
Hours/Week Nu	mber of V	Veeks	Total Hours *Must add up t	to 135	total hours for 3 credits
SKILLS TO BE DEVELOPED		STUDENT: Please list at le			e to develop through the
1.		experience. Attach separat	te sheet if necess	ary.	
2.					
3.					
S. EVALUATION CRITERIA		SUPERVISOR: Please list meeting expectations. Atta			nich the student will know s/he is
1.					
2.					
3.					
LEARNING OBJECTIVES		SUPERVISOR: Please list meet during the placement development experiences.	t. Include projects	, hard/s	oals the intern will be expected to soft skills, and professional necessary.
1.			•		
2.					
3.				-	



EDUCATIONAL AGREEMENT

EVALUATION ACKNOWLEDGEMENT	The site supervisor provides midterm and end of semester evaluations as a key component of the 484 course. Evaluations forms will be sent to the supervisor by the Placement Specialist.		
The site supervisor agrees to complete the midterm and final evaluations for the intern in a timely manner. We encourage the site supervisor and intern to review these forms together and keep a copy for their records.	Student Initials	Supervisor Initials	
ACADEMIC CALENDAR & SYLLABUS ACKNOWLEDGEMENT	Find the most updated version of the academic calendar at: https://students.asu.edu/academic-calendar		
The student has shared the academic calendar and syllabus with the site supervisor and reviewed semester breaks and syllabus deadlines; during any breaks, please discuss expectations and schedules.	Student Initials	Supervisor Initials	



OFFICIAL ACKNOWLEDGEMENT BY THE STUDENT

STUDENT ACKNOWLEDGEMENTS

I, as a student at Arizona State University, understand that my participation in the above-mentioned placement is elective and voluntary, and that it may involve risks not associated with the study on the University's campus, including, but not limited to, risks associated with traveling to, from and/or at the internship destination. I recognize and voluntarily assume all such risks. I agree to conduct myself in accordance with the University's policies and procedures. I certify that I am in good health and have no physical condition that would prevent participation in this placement. I further agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment if such care is required.

Before enrolling in ______ 484, I agree to consider the following conditions relating to my site: the amount of time required to drive to and from the site, the relationship the organization has with the University, and that I am acting on behalf of Arizona State University while at my site. If I leave for any reason, I understand that I may fail the _____ 484 course, and that I may not be eligible to re-enroll in the course with another site.

RELEASE OF LIABILITY AND INDEMNIFICATION

In consideration for my participation in the above-mentioned placement, I, individually, and also on behalf of my parents or guardians, heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death), I sustain to my person or property or both, including but not limited to any claims, actions, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the above-mentioned internship. I understand that this release is intended to be and is as broad and inclusive as permitted by the laws of Arizona.

I, individually, and also on behalf of my parents or guardians, heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney's fees, that they or any of them in cur or sustain as a result of any claims, actions, damages, expenses or costs, including attorney's fees, which arise out of, or are in any way connected with, my participation in the above-mentioned internship, unless said liability, loss damage, or expense results from gross negligence or recklessness on the part of the University or its employees, agents, officers, trustees or representatives.

IMPORTANT STATEMENT ABOUT HARRASSMENT

Arizona State University is opposed to and will not tolerate any harassment of an ethnic, racial, sexual, gender orientation, age-based or religious nature directed toward anyone on its campus. Because the University is unable to monitor off-campus behavior, should you experience or observe any harassment during your placement, you are encouraged to notify your professor and the coordinator as soon as possible. Although the University will not be able to assert a right on your behalf, it will take appropriate steps to assist you in handling the situation.

IMPORTANT STATEMENT ABOUT BEHAVIOR POLICY

All Arizona State University students participating in off-campus placements are bound to adhere to the policies set forth in the Student Code of Conduct. Arizona State University policies apply to Arizona State University students at all times. Internship sites may have their own policies, and it is the student's responsibility to learn about the site's policies and to abide by them.

MISCELLANEOUS

This Agreement is to be construed in accordance with the laws of the State of Arizona. If any portion of this Agreement is held invalid, the balance of this Agreement shall continue in full legal force and effect.

By signing below, I acknowledge that I have read this entire document, that I have had an opportunity to ask questions, that I understand its terms, that I agree to the terms stated, that by signing I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

SIGNATURES	
Student	Date
Site Supervisor	Date