



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:	

- 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.
- 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.

<p>DELTA COLLEGE</p> <p>_____ Signature of Authorized Representative</p> <p>_____ Gregory Luczak</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 style="text-align: center;"><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>