

SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM CLINICAL CONTRACT
ACADEMIC YEAR 2019-2020

The GSC Speech-Language Pathology Assistant (SLPA) program prepares for certification as a Speech-Language Pathology Assistant with the New Hampshire Office of Licensed Allied Health Professionals. Designed to meet the guidelines as outlined by the American Speech-Language Hearing Association, the GSC SLPA program prepares you to work under the supervision of a licensed and certified Speech-Language Pathologist, helping children and adults with communication disorders to improve speech and language skills. Positions are available in public schools, daycare centers, hospitals, nursing homes, rehabilitation centers and private practices. Currently the NH Department of Education has identified the Speech-Language Pathologist endorsement as a critical shortage area for the state, providing opportunities for Speech-Language Pathologists and their Speech-Language Pathologist Assistants to provide skills in an area of high need.

The practicum experiences seek to achieve the following goals with this agreement:

- observe and discuss procedures and best practice involving planning, preparing materials, and choosing forms of documentation for therapy sessions;
- identify and evaluate appropriate therapy techniques for use in varying clinical settings and situations;
- choose, plan, and implement specific therapy techniques for individual clients with differing speech and language impairments;
- provide supervision of SLPA Intern as (s)he observes SLP delivering therapy (SLPA may ONLY observe during Clinical I, 25 total hours; various sites may be visited).

Completing the information below indicates that you have read and accepted these requirements.

Speech-Language Pathologist (SLP) Information

The supervising SLP must be experienced with a minimum of three years in the field, must hold ASHA and CCC credentials, and must provide documentation of NH State license.

Protocols for safety are not necessary but GSC would like to require a signed assumption of risk at the end of the form by both the SLPA and the supervising SLP.

Legal Name:		
Home Address:		City, State, Zip:
Phone:		Email:
Date of Birth:		
Certifications held:		
Location of practicum:		
Grade level(s):		
Which term will you supervise the SLPA candidate: (please circle term)		Fall (Sept-Dec) Winter (Jan-Mar) Spring (Apr-Jun) Summer (Jul-Aug)
Is this your first time as a SLP Supervisor?		Yes No

Intern and Cooperating Teacher Signatures

<p>The undersigned agree to work together next year as a GSC SLPA candidate and the SLP Supervising practitioner in fulfillment of requirements for the GSC Speech-Language Pathology Assistant program. If either party has to break this agreement, that party will notify the Field Placement Coordinator as soon as possible so other arrangements can be made.</p> <p>By signing this contract, the GSC candidate affirms that (s)he will not have children or relatives who will be in attendance at this school during the practicum. The GSC candidate further affirms that (s)he does not have a relative who works as a teacher, staff member, administrator, or school board member for this school.</p>			
SLP Supervisor signature	Date	SLPA Candidate signature	Date

SLPA Teacher Candidate Information

Legal Name:	
Preferred Name (if applicable):	GSC Student ID#:
Address:	City, State, Zip:
Phone:	Email:

Student Assumption of Risk and Liability Release

Field-Based Experiential Learning *with Host Partner Site Placement*

SPLA Placement Site:

Address:	
Dates:	

I fully understand and appreciate that I am responsible for my own behavior and well-being. I accept the voluntary condition of participation in the paid or unpaid internship/co-op/project/practicum or observation (F-B EL) for which I will be awarded academic credit upon successful completion.

I acknowledge that GSC provides me with a written F-B EL Learning Agreement based on my academic courses and goals. **My experiential learning activities and accompanying risks are detailed in my Student Learning Agreement.** I also understand the F-B EL limits represented by GSC, to the extent that any have been made.

I agree that GSC has not conducted an in-depth investigation or screening of every aspect of the F-B EL partner site/organization/business and that I accept responsibility to further assess the F-B EL partner site/organization for risk vulnerability for myself.

I acknowledge that I have personally evaluated the general nature of the risks inherent in the F-B EL. I, knowing the risks of such activities, and in consideration of being permitted to participate in the F-B EL, on behalf of myself, my family, heirs, and personal representative(s), agree to assume all the risks and responsibilities surrounding my voluntary participation in the F-B EL and the transportation related to participation in the F-B EL.

I further agree to abide by any and all specific requests by GSC or its F-B EL partner site/organization/business for my safety or the safety of others.

I understand that the college reserves the right to immediately terminate or exclude my participation in the F-B EL when my participation or behavior is deemed detrimental to the safety or welfare of others or the F-B EL.

Student Signature:	Date:
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SLP who knows my work and supports my participation in this F-B EL:

I know this student’s work and recommend her/him as qualified to participate in F-B EL.

SLP Signature:	Date:
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For ALL STUDENTS:

Assumption of Risk and Liability Release

I hereby release any and all rights for claims and damages I may have on behalf of myself, my family, heirs and personal representative(s) against Granite State College, the University System of New Hampshire its trustees, officers, employees and agents, including faculty, staff members and supervisors (“Releasees”), in any manner due to any personal injury or property loss sustained by me as a result of my participation in the activity and/or traveling to and from the activity destination(s). I will not hold Granite State College or the University System of New Hampshire responsible for liability for injury or damages arising from the result of my participation in the activity unless it is due to willful or intentional misconduct or negligence on the part of Granite State College and/or the University System of New Hampshire.

In the event that my conduct causes damage to the property of GSC, I agree to indemnify GSC for such loss. I further agree to defend and indemnify GSC with respect to any claims, demands, or actions for damages brought by anyone else against GSC for personal injury, property damage, or death arising in whole or in part from my conduct.

I further understand that I may be participating in the activity off-campus but that GSC policies continue to apply. I agree that GSC may enforce these rules, regulations, standards, and restrictions, and that such enforcement may include termination of my participation in the activity for inappropriate behavior or any action or conduct considered by GSC to be detrimental to or incompatible with the interests of the college programs and/or the college may pursue resolution through the student conduct system.

In the event that my participation is terminated for inappropriate conduct, I agree that there shall be no refund of course/program tuition and fees.

I understand that this Assumption of Risk will remain in effect during any of my subsequent participation with the above specified activity unless a specific revocation of this document is filed **in writing** with the GSC Office of Experiential Learning, at which time my participation in the activity will cease.

In signing this Assumption of Risk and Liability Release, Hold Harmless, and Indemnity Agreement, I acknowledge and represent that I have read it, that I am fully informed of and understand its content, and that I sign of my own free act and deed. I further acknowledge that no oral representations, statements, or inducements, apart from the foregoing written statement, have been made.

I further acknowledge **I am at least 18 years old and legally capable of entering this agreement.**

Student signature:	Date:
GSC signature:	Date: