



Touro University California
Graduate School of Education
1310 Club Drive
Mare Island
Vallejo, CA 94592
(707) 638-5200

**Agreement on Clinical Experiences in Schools
Student Teaching and Teacher Internships
Between
Mt. Diablo Unified School District
And
Touro University California Graduate School of Education**

This agreement is entered into by Touro University California's Graduate School of Education (University) and the Mt. Diablo Unified School District (District) for the purpose of specifying the terms under which students of the University will be placed in District schools for clinical field experiences. The agreement covers two separate classifications of University students: a) students who are classified as student teachers and are not employees of the district, and b) students who are hired by the District as the teacher of record and are authorized in the position by the University Intern Credential issued by the California Commission on Teacher Credentialing (CCTC) upon recommendation of the University.

Student Teachers

The District agrees to:

1. Provide University students practice teaching experience in schools and programs operated by the District, under the direct supervision of employees of the District (Supervising Teachers). Practice teaching experience requires student teachers to participate in all the duties and functions of the regular classroom teacher, including but not limited to classroom instruction and assessment, supervision of students, department and faculty meetings, and professional development activities.
2. Allow students of the University to observe and participate in District classrooms prior to assumption of practice teaching.
3. Allow students of the University to complete the Teaching Performance Assessment (TPA) tasks during practice teaching, as required by the California Commission on Teacher Credentialing.
4. Identify Supervising Teachers who hold valid credentials issued by the CCTC for the grade level/content area in which they teach and who meet the standards of good teaching as established by the District.
5. Determine, by mutual agreement with the University and in accordance with the requirements of the CCTC, the length and placement of the practice teaching assignment for individual student teachers. Most practice teaching assignments will be for a term of four to nine weeks. Student teachers typically complete two assignments. Special Education Candidates spend twelve weeks in one placement.

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6. Consider student teachers as students and not as employees of the district; as such, they are not covered by Workers Compensation. Student teachers shall not replace district staff; however, in the course of completing a practice teaching assignment, student teachers may independently teach class(es).

The University agrees to:

1. Assess student readiness for practice teaching and request practice teaching assignments only for those students who meet University and state requirements, including passage of CBEST, subject matter competency, negative TB test result, and character clearance.
2. Provide supervision and monitoring of student teachers during practice teaching by University Supervisors.
3. Provide program information and orientation to Supervising Teachers selected by the District.
4. May provide an honorarium for Supervising Teachers.
5. Determine, by mutual agreement with the University and in accordance with the requirements of the CCTC, the length and placement of the practice teaching assignment for individual student teachers. Most practice teaching assignments will be for a term of four to nine weeks. Student teachers typically complete two assignments. Special Education candidates spend twelve weeks in one placement.
6. Provide a forum for discussing needs of the District and identifying University responses to those needs by appointing a District representative to the Dean's Advisory Council.

Intern Teachers

The District agrees to:

1. Assign the Intern in accordance with the subject area authorized by the Intern credential issued by the CCTC.
2. Assign the Intern to all duties, including teaching load, in the same manner as other contracted teachers at the grade level/subject area. The Intern receives salary and benefits based on the District's current agreements with the authorized collective bargaining agent of certificated employees.
3. Identify and assign a Support Provider/Coach to the Intern to provide on-site guidance, support, and feedback to the Intern. Whenever possible, Intern Support Providers/Coaches will currently be teaching in the department/grade level or have recent experience teaching in the department/grade level of the Interns. Intern Support Providers/Coaches will hold valid credentials issued by the CCTC for the grade level/subject area in which they teach and meet the standards of good teaching as established by the District.
4. Allow Intern teachers to complete the Teaching Performance Assessment (TPA) in the classrooms to which they are assigned, or in other classrooms as appropriate, as required by the California Commission on Teacher Credentialing.
5. Comply with the requirements of state law in hiring Interns, including Intern supervision and non-displacement of certificated employees.

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6. Collaborate with the lead sponsor of the local funded Intern grant to accrue all resources available to Interns and Intern Support Providers/Coaches.

The University agrees to:

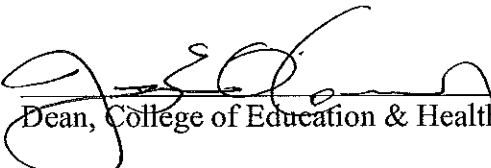
1. Submit required documents to the Commission on Teacher Credentialing in order to obtain a University Intern credential issued for a University student who is hired in a regular contracted position with the District, and notify District's representative of such action.
2. Keep District informed in writing of any changes to the credential status of University students employed by the District as Interns.
3. Provide supervision and monitoring of Intern teachers by University Supervisors.
4. Provide program information and orientation to Intern Support Providers/Coaches selected by the District.
5. May provide an honorarium for Intern Support Providers/Coaches.
6. Collaborate with the lead sponsor of the local funded Intern grant to accrue all resources available to Interns and Intern Support Providers/Coaches.

Term of Agreement: The term of the agreement is for a period of three years, commencing July 1, 2013 through June 30, 2016. Either party may terminate this agreement in writing with sixty (60) days notice to the other party.

Certification of Agreement: Certification of agreement to participate in this agreement is authorized by:

Superintendent/Designee

School District



Dean, College of Education & Health Sciences
Touro University California

Date

Date

4/9/13

[Type text]



CERTIFICATE OF LIABILITY INSURANCE

TOURO-1 OP ID: SH

DATE (MM/DD/YYYY)
08/21/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER The B&G Group, Inc. 55 West Ames Court, Suite 400 Plainview, NY 11803 ProMed-Professional Liability	516-576-0400	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No): _____																				
	516-576-1177	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>American Casualty Co. Reading</td> <td>20427</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Casualty Co. Reading	20427	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																						
INSURED Touro College c/o Stuart Lippman 27-33 West 23rd Street New York, NY 10010																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Professional Liab			0127298718	09/01/12	09/01/13	eachclaim 2,000,000 Aggregate 5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Students, faculty/advisors and the school are covered under this policy

CERTIFICATE HOLDER EVIDENCE OF INSURANCE	EVIDENC	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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