



AUG 19 2013

Field Experience Participant / Student Teaching
MBUSD**CalStateTEACH and the Mount Diablo Unified School District**

About CalStateTEACH: CalStateTEACH is a multiple subject credential program of the California State University. Its goal is to prepare creative, collaborative, and reflective teachers for California's future. It offers an Intern, as well as, a Student Teaching option and is managed through Regional Centers located on the following CSU campuses: Fresno, Fullerton, Los Angeles, and Monterey Bay.

Purpose of the Agreement:

To engage the **Mount Diablo Unified School District and CalStateTEACH** in a partnership to provide support for the preparation of CalStateTEACH candidates in the District. This partnership will be concentrated in the activities of three individuals: the CalStateTEACH Field Experience Participant / Student Teacher, the faculty representative of the CSU, hereinafter referred to as the assigned Faculty, and a mentor teacher from the School, hereinafter referred to as the Cooperating Teacher or Master Teacher. CalStateTEACH does not demand or require any exclusive arrangement with the District. The District is obligated only to provide appropriate support for CalStateTEACH credential candidate and staff to reach the common goal of placing fully credentialed teachers in California classrooms.

Overview of this Agreement:

CalStateTEACH agrees to provide multiple subjects coursework, student professional liability insurance, and university supervision for each participating candidate, and the District agrees to provide them with a faculty mentor and appropriate support.

CalStateTEACH agrees to do the following:

1. Give highest priority in admissions to qualified applicants whom the District may ultimately wish to offer position(s) as a Multiple Subjects teacher(s).
2. Provide candidates with student professional liability insurance through the CSU Student Professional Liability Insurance Program which shall cover general liability, professional liability, and educator's errors & omissions liability. More information about the insurance policy can be found at <http://bfa.sdsu.edu/prosrvcs/pdf/splip.pdf>.
3. Cooperate to the fullest extent possible to assist the School and District to reach its goals of providing quality educational experiences for its students by conducting all activities with respect to preparing candidates in an unobtrusive, efficient, and supportive manner.
4. Provide a subject-matter competence evaluation of the applicant's transcripts, an on-line diagnostic to determine candidates' subject matter preparation or candidates' readiness to pass CSET.
5. Provide assistance to all candidates who are not yet subject matter qualified to reach subject matter competence.

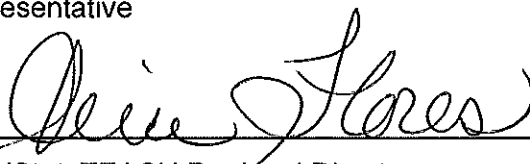
6. Provide each candidate with a high quality program of study which integrates program assignments with the candidate's classroom teaching.
7. Establish a Central Advisory Board for the CalStateTEACH program and encourage the District to participate on the Board.
8. Provide each candidate with an assigned Faculty member who will make regular visits to the classroom, evaluate lessons and give specific feedback, confer with the principal and staff as needed, and act as program advisor.
9. Provide orientation materials and training to both the school cooperating or master teacher and the principal.
10. Communicate regularly with the principal and the school cooperating or master teacher, as well as provide the opportunity for them to give feedback on any aspect of the program and staff.
11. Provide an on-going, faculty-facilitated online forum for all candidates in the group, with regular opportunities for discussion, problem solving, peer interaction and access to the assigned Faculty member.
12. Assist District candidates in processes related to enrollment, financial aid, and ultimately a preliminary credential application.

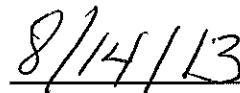
The School and District agree to do the following:

1. Nominate a fully credentialed teacher with at least 3 years teaching experience and authorization to work with English learners to serve as a cooperating or master teacher for each participating candidate. This should be a current elementary teacher in the School.
2. Ensure that cooperating or master teachers have sufficient opportunity to observe, coach and guide the candidate.
3. Upon the request of the assigned Faculty, assure the participation of the school principal in specific CalStateTEACH candidate progress reviews or evaluations.
4. Provide additional resources (such as staff development, exemplary classroom observations, additional mentoring) as needed to promote the success of candidates in difficult assignments.
5. Ensure that each candidate has access to technological resources available at the school site.

Signature of School Principal, District Superintendent,
or Authorized Representative

Date Signed





Signature of the CalStateTEACH Regional Director

Date Signed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2013

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 Alliant Insurance Services, Inc. 100 Pine Street - 11th Floor San Francisco, CA 94111	CONTACT NAME: PHONE (A/C, No, Ext): 415-403-1400		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED The California State University (CSU) 401 Golden Shore, 5th Floor Long Beach, CA 90802	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Lloyds of London		0
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

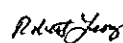
COVERAGES **CERTIFICATE NUMBER: 486245888** **REVISION NUMBER:**

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		B0621PTRU00713	7/1/2013	6/30/2014	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	\$4,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
	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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Student Professional Liability Insurance Program (SPLIP)		B0621PTRU00713	7/1/2013	6/30/2014	\$2,000,000 \$4,000,000	Each Claim Policy Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.

CERTIFICATE HOLDER EVIDENCE OF COVERAGE	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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California State University Risk Management Authority

STUDENT PROFESSIONAL LIABILITY INSURANCE PROGRAM (SPLIP)

Coverage Summary

This is a "claims-made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Carrier as soon as practicable, but not later than 3 years after the Policy Period. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period.

Named Insured: The California State University (CSU), all campuses

Carrier: Lloyd's, London

Policy #: B0621PTRU00713001

Coverage Period: July 1, 2013 to July 1, 2014

Insureds: California State University (CSU)
All campuses of the CSU
Employees, Faculty, Staff of the CSU
CSU Students enrolled in Nursing, Allied Health, Social Work, or
Education credential programs of the CSU.

*Enrolled Students mean students who are enrolled and in good standing while completing an internship and registered/enrolled in a course that requires the internship experience, including academic breaks during the policy period. Enrolled Students also include students who have not received a letter grade in a course (e.g., assigned an "Incomplete"), but remain registered for that course until the Incomplete objectives are met, but for no more than one (1) year from the granting of the Incomplete.

NOTES:

- 1. Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU who also perform community service or volunteer work for academic credit are covered by this Student Professional Liability Insurance Program (SPLIP) at no additional premium.*
- 2. Other CSU students performing community service or volunteer work for academic credit and students enrolled in radio, television or film academic programs of the CSU are separately covered by the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP). Please refer to SAFECLIP summary for details.*

This summary of the policy terms is provided for information only. It does not convey any rights upon the insurance nor alter its condition for coverage. Please refer to the actual policy for full disclosure of the policy terms.

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c/o Alliant Insurance Services, Inc. • 100 Pine Street, 11th Floor, San Francisco, CA 94111-5101 • Phone: 415-403-1400 Fax: 415-874-4810



California State University Risk Management Authority

Additional Insureds: Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.

Coverage: A. General Liability
B. Professional Liability
C. Educator's Errors & Omissions Liability

Cost: \$20.00 per student in Nursing, Allied Health, Social Work, or Education

This flat rate is non-refundable, and is not subject to a prorate premium return if student is enrolled for less than one year.

Coverage Limits: \$2,000,000 each Loss
\$4,000,000 Aggregate for all Covered Parties, and not per student.

Member's Deductible: None

Description: Covers General Liability and Professional Liability of CSU students enrolled in a Health Profession practicum, Social Welfare program, Social Work program, or Education Credential program of the CSU who are required by a host institution to obtain general liability and/or professional liability insurance for participation in the institution's affiliation program.

Coverage Extensions:

1. **Legal Representation:** defense cost included for covered claims.
2. **Personal Injury Liability:** protects up to the Coverage Limits against covered claims arising from charges of privacy violation, libel, slander, assault & battery, and other alleged personal injuries.
3. **School Grievance/ Academic Disciplinary Hearings:** reimburses for expenses incurred for defense of a school grievance or academic disciplinary hearing or proceeding; \$5,000 per proceeding; \$100,000 aggregate.

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*Coverage
Extensions (cont'd):*

- 4. **Damage to Property of Others:** for damage caused accidentally by a Covered Party to the property of others at your location; \$5,000 per incident; \$100,000 aggregate.
- 5. **Assault Coverage:** covers your medical expenses or reimburses you for damage to your property if you are assaulted at your location; \$5,000 per incident; \$100,000 aggregate.
- 6. **Medical Payments:** reimbursement of medical expenses to others injured on your location; \$5,000 per incident; \$100,000 aggregate.
- 7. **First Aid Expenses:** for expenses you incur in rendering first aid to others: \$5,000 per defendant; \$100,000 aggregate.
Defendant Expense Benefit: reimburses you for lost wages and other expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim: \$5,000 per defendant; \$100,000 aggregate.

No Exclusion for:

Sexual Harassment, Abuse or Molestation
Corporal Punishment

*Claims/Incident
Reporting:*

Enrolled Student shall immediately provide written notice of any incident which may result in a claim under this policy to:

Office of Systemwide Risk Management
The California State University
Office of the Chancellor
401 Golden Shore Blvd., 5th Floor
Long Beach, CA 90802-4210

Phone: 562-951-4580
Fax: 562-951-4859

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**COVERED PROFESSIONS, including but not limited to:
NURSING PROFESSIONS**

Case Manager
Geriatric Nursing Assistant
Nurses Aide - Facility Setting
Nurses Aide - In-home Setting
Nursing Assistant - Facility Setting
Nursing Assistant - In-home Setting
Home Health Aide
LPN/LVN
Nurse - Anesthetists
Nurse - Midwives
Registered Nurse

Nurse Practitioner:
Geriatric/Adult/Family Planning-GYN
OB-GYN/Acute Critical Care OB-GYN
Pediatric/Neonatal/Family Practice/Acute Care
Psychiatric

ALLIED HEALTH PROFESSIONS

Art Therapist
Athletic Trainer
Audiologist
Blood Bank Technician
Bio-Medical Technician
Cardiographic Technician
Cardiology Technician
Case Manager
Certified Laboratory Technician
Certified Medical Assistant
Certified Occupational Therapy Assistant
Chiropractic Assistant
Circulation Technician
Clinical Laboratory Technician
Community Health Assistant
Community Health Technician
Corrective Therapist
Dance Therapist
Dental Hygienist
Diagnostic Medical Sonographer
Dialysis Technician
Dietitian
EEG (Electroencephalogram) Technician
EKG (Electrocardiogram) Technician

Electrologist
EMT- Paramedic
EMT- Basic/Intermediate
EMT- Volunteer
Enterostomal Therapist
Exercise Physiologist
Health Educator
Histologic Technician
Hospital Pharmacy Technician
Kinesiologist/Kinesiotherapist
Laboratory Aide
Massage Therapist
Medical Assistant
Medical Laboratory Technician
Medical Records Administrator
Medical Records Technician
Medical Technician
Medical Technician Assistant
Mental Retardation Worker
Music Therapist
Nuclear Medical Technician
Nutritionist
Occupational Therapist
Occupational Therapist Assistant

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ALLIED HEALTH PROFESSIONS (cont.)

- | | |
|---|----------------------------------|
| Optometry Assistant/Technician | Rehabilitation Assistant |
| Orthopedic Assistant | Rehabilitation Therapist |
| Pedorthist | Respiratory Care Practitioner |
| Perfusionist | Respiratory Care Provider |
| Personal Trainer | Respiratory Therapist |
| Pharmacist | Respiratory Therapist Technician |
| Pharmacist Technician | Speech Hearing Therapist |
| Physical Therapist | Speech Language Pathologist |
| Physical Therapist Assistant | Sports Medicine Instructor |
| Physician Assistant Podiatric Assistant | Sports Medicine Therapist |
| Psychologist | Surgical Technician |
| Radiation Therapist | Vascular Technologists |
| Radiological Technician | X-Ray Machine Operator |
| Recreation Therapist | |

SOCIAL WORK / SOCIAL WELFARE PROFESSIONS

- | | |
|--|---------------------------------|
| Alcohol/Drug Counselor | Licensed Professional Counselor |
| Bodywork Counselor | Life Coach Counselor |
| Career Counselor | Marriage/Family Counselor |
| Case Manager | Mental Health Counselor |
| Clinical Counselor | Pastoral Counselor |
| Counselor Educator | Psychological Counselor |
| Forensic Counselor | Rehabilitation Counselor |
| Genetic Counselor | Social Worker |
| Licensed Professional Clinical Counselor | |

EDUCATION / TEACHING PROFESSIONS

- | | |
|-------------------------------|---------------------------------|
| <u>School Administration:</u> | <u>Educational Instruction:</u> |
| Admittance | Career Guidance |
| Desegregation | Guidance Counseling |
| Enrollment | School Counselor |
| Expulsion | Student Consumerism |
| Extracurricular Activities | Teaching Assistants |
| Integration | |

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