



DEPARTMENT OF PROFESSIONAL EDUCATION

October 9, 2018

Paul Brownlow, Superintendent
Verndale Public Schools
411 SW Brown Street
Verndale, MN 56481

Dear Superintendent Brownlow,

Bemidji State University Professional Education would like you to review the attached renewal of Memorandum of Agreement for Student Training Experience-Internship.

This agreement covers the student teaching experiences that may take place, at your discretion, over the next five years. It also allows our institution to provide your designated employees with a small honorarium for guidance of BSU student teachers.

Please review the agreement, print and sign two (2) copies of the signature page 5, and return both copies to me.

BSU does not accept scanned signatures so these documents must be *mailed* to the following address:

Sabrina Erickson
BSU Professional Education
1500 Birchmont DR NE #35
Bemidji, Minnesota 56601

I will return one of the contracts to you once all of the signatures have been obtained. Thank you for your time and attention to this matter. Please contact me if you have any questions.

Sincerely,

Sabrina Erickson
Assistant to Clinical Experiences, BSU Professional Education
sabrina.erickson@bemidjistate.edu 218-755-2930

**STATE OF MINNESOTA
MINNESOTA STATE COLLEGES AND UNIVERSITIES
BEMIDJI STATE UNIVERSITY**

**MEMORANDUM OF AGREEMENT
FOR STUDENT TRAINING EXPERIENCE/INTERNSHIP
FOR NON-ALLIED HEALTH PROGRAMS**

This Agreement is made between the State of Minnesota acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of **Bemidji State University, Professional Education Department, 1500 Birchmont Drive NE, #35, Bemidji, Minnesota 56601** ("the College/University") and **Verndale Public School, ISD # 818, 411 SW Brown Street, Verndale, MN 56481** ("the Facility"). This Agreement, and any written changes and additions to it, shall be interpreted according to the Laws of the State of Minnesota.

The purpose of this Memorandum of Agreement is to outline the terms of the training/internship experience for the student of the College/University and to identify the responsibilities of the College/University and the Facility.

A. THE PARTIES UNDERSTAND THAT:

1. The College/University has a Professional Education Program (the "Program") for qualified students enrolled in the College/University; and
2. The College/University has been given authority to enter into Agreements regarding academic programs; and
3. The Facility has facilities for providing a suitable training experience that meets the educational needs of students enrolled in the Program of the College/University; and
4. It is in the general interest of the Facility to provide a training site where College/University students can learn and develop skills and qualifications needed to achieve the student's occupational goals and satisfy the Program requirements while assisting in the development of trained personnel to meet future area employment needs; and
5. The College/University and the Facility want to cooperate to furnish a training experience at the Facility for students of the College/University enrolled in the Program.

B. RESPONSIBILITIES OF EACH PARTY

1. **The College/University agrees to:**
 - a. make arrangements with the Facility for a training experience at the Facility, which includes determining the supervision/honorarium model, that will support the student's occupational goals and meet any applicable Program requirements.

- b. make periodic visits to the Facility's training site to observe the student or receive periodic reports from the Facility and/or the student, and discuss the student's performance and progress with the student or any site supervisor at the Facility, as needed.
 - c. discuss with the Facility any problems or concerns arising from the student's participation.
 - d. notify the Facility in the event the student is no longer enrolled in the Program at the College/University.
 - e. keep any necessary attendance and progress records as set forth in the College/University attendance policy.
 - f. assist in the evaluation of the student's performance in the training experience.
2. **The Facility agrees to:**
- a. cooperate with the College/University in providing a mutually agreeable training experience at the Facility that supports the student's educational and occupational goals.
 - b. consult with the College/University about any difficulties arising at the Facility's training site that may affect the student's participation.
 - c. assist in the evaluation of the student's performance and provide time for consultation with the College/University concerning the student, as needed.
 - d. sign the weekly work report to verify the student's attendance.
 - e. complete, on behalf of the student, the agreed-upon forms necessary to the submission of a Minnesota State professional teacher licensing application.

3. **LIABILITY**

Each party agrees that it will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party and the results thereof. The College/University's liability shall be governed by the provisions of the Minnesota Tort Claims Act, Minnesota Statutes, Section 3.732 et seq., and other applicable law.

4. **TERM OF AGREEMENT**

This Agreement is in effect from **September 1st, 2018** or when fully executed, and shall remain in effect until **August 31st, 2023**. This Agreement may be terminated by giving at least seven (7) days' advance oral notice to the other parties, with a follow up letter confirming termination delivered to the other party on or before the actual termination date.

5. **FINANCIAL CONSIDERATION**

- a. **Traditional Cooperating Teacher Honorarium:** In consideration of the above, the University will pay an honorarium not to exceed \$225 for each full time student teacher. Honorariums for placements less than 16 weeks will be prorated. This honorarium will be paid to the Facility OR to the cooperating teacher, for each student assigned as a student teacher. The distribution of these funds will be determined by the current Facility and MNSCU policies and procedures. Distribution will be made by the Facility, unless District policy requires another

arrangement. Honorariums shall be encumbered by a purchase order before the beginning of each student teaching assignment. Payment shall be made after the Bemidji State University verifies the student has completed the student teaching assignment and notifies Accounts Payable to make payment.

- b. **Embedded Cooperating Teacher and Mentor Coach Honorariums:** In consideration of the Facility responsibilities and the capacity and agreement of the Facility to provide an on-site mentor-coach or allow student teacher supervision to be conducted by University-contracted State of Minnesota Regional Service Cooperative employees, the University will pay an honorarium in accordance with the breakdown set forth below:

Total weeks of supervision provided per individual student teacher.	Honorarium paid to Embedded Mentor-Coach Employed by Facility	Honorarium paid to Embedded Cooperating Teacher Employed by Facility
16 Weeks	\$ 570	\$ 380
12 Weeks	\$ 382	\$ 255
8 Weeks	\$ 285	\$ 190
4 Weeks	\$ 187	\$ 125

This honorarium will be paid to the Facility OR to the cooperating teacher and mentor coach, for each student assigned as a student teacher. The distribution of these funds will be determined by the current Facility and MNSCU policies and procedures. Distribution will be made by the Facility, unless District policy requires another arrangement. Honorariums shall be encumbered by a purchase order before the beginning of each student teaching assignment. Payment shall be made after the Bemidji State University verifies the student has completed the student teaching assignment and notifies Accounts Payable to make payment.

- c. The Facility is not required to reimburse the College/University faculty or students for any services rendered to the Facility or its customers pursuant to this Agreement.

6. **CHANGES OR ADDITIONS TO THE AGREEMENT**

Any changes or additions to this Agreement must be in writing and signed by authorized representatives of each party.

7. **ASSIGNMENT**

Neither the College/University nor the Facility shall assign or transfer any rights or obligations under this Agreement without first obtaining the written consent of the other party.

8. **AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE**

The Facility agrees that in fulfilling the duties of this Agreement, the Facility is responsible for complying with the Americans with Disabilities Act, 42 U.S.C. Chapter 12101, et seq., and any regulations promulgated to the Act. The College/University IS

NOT responsible for issues or challenges related to compliance with the ADA beyond its own routine use of facilities, services, or other areas covered by the ADA.

9. **DATA PRIVACY**

The requirements of Minnesota Statute Section 13.05, subd. 11 apply to this contract. The State of Minnesota has laws (the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13 ["the Act"]) that classify the College/University's written and electronic information as public, private or confidential. Except as otherwise provided in law or College/University policy, data on students is private and may not be shared with any other party. If the Facility receives a request from a third party for any data provided to the Facility by the College/University, the Facility agrees to immediately notify the College/University. The College/University will give the FACILITY instructions concerning the release of the data to the requesting party before the data is released and the Facility agrees to follow those instructions. The parties additionally acknowledge that the Family Educational Rights and Privacy Act, 20 U.S.C.1232g and 34 C.F.R. 99, apply to the use and disclosure of education records that are created or maintained under this agreement.

10. **STUDENT TRAINING EXPERIENCE/INTERNSHIP AGREEMENT**

The student assigned to a training experience/internship at the Facility shall be required to sign a Student Training Experience/Internship Agreement (see Attachment A attached to this Agreement and made part of it) before the student begins the training experience/internship at the Facility.

11. **NON-DISCRIMINATION**

The Facility recognizes that it is the policy of the College/University to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, veteran's status, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations. The Facility agrees to adhere to this policy in implementing this Agreement.

The rest of this page intentionally left blank. Signature page to follow.

In signing this Memorandum of Agreement, we agree to work together to assist the student in learning and/or applying the tasks and skills identified. We understand that the Individualized Training Plan for the student can be modified or dissolved at any time upon the mutual agreement of the Facility and College/University.

**Verndale Public Schools
ISD # 818**

Name: _____

Authorized Facility Representative

Title: _____

Date: _____

**Minnesota State Colleges and Universities
BEMIDJI STATE UNIVERSITY**

By: Dr. Jim Barta _____

Title: Dean, College of Arts, Education, & Humanities

Date: _____

AS TO FORM AND EXECUTION

By: (authorized College/University signature)

Title: Dr. G. Anthony Pepper, Provost & Vice President for
Academic & Student Affairs

or

Dr. Randy Westhoff, Associate vice President for Academic
Affairs (Interim)

Date: _____

Routing Instructions

Facility/School District Responsibility

1. _____ Obtain facility/school district authorized signature.
2. _____ Return document to
*Clinical Office, Professional Education
Bemidji State University
1500 Birchmont Drive NE #35
Bemidji, MN 56601*

Bemidji State University Responsibility

3. _____ Obtain signature from Dean, College of Education, Arts, and Humanities (#27).
4. _____ Obtain signature from Office of Academic Affairs (#3).
5. _____ Return document to Clinical Office Professional Education (#35).
6. _____ Clinical Office will send fully signed agreement to facility/school district.

EXAMPLE OF STUDENT DOCUMENT

ATTACHMENT A STUDENT TRAINING EXPERIENCE/INTERNSHIP AGREEMENT

Name of College/University: _____
Name of College/University Program ("the Program"): _____
Type of Training Experience/Internship: _____
Dates of Training/Internship: _____
Student's Name: _____ Phone #: _____
Average number of hours to be worked by the Student each week: _____
Facility Name and Address: _____
Location Where Training will Occur (if different from Facility's Address above): _____

Facility Representative's Name: _____ Phone #: _____

Activities/Job tasks and skills the Student will learn:

Tools and Equipment the Student will use:

STUDENT RESPONSIBILITIES

In exchange for the opportunity to participate in the training experience/ internship at the Facility, the Student agrees to:

1. Keep regular attendance and be on time, both at school and at the Facility's training site. The Student will promptly notify the Facility's training site if unable to report. The Student's placement will automatically terminate if the Student terminates his/her enrollment in the Program or is no longer enrolled as a student at the College/University.
2. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, desirable health and grooming habits, desirable/required dress and a willingness to learn; and
3. Furnish the coordinating College/University instructor with all necessary information and complete all necessary reports requested by the instructor. Submitting falsified reports is cause for immediate expulsion from the Program; and

4. Conform to all rules, regulations, and policies including health, safety, and work environment of the Facility, follow all instructions given by the Facility and always conduct myself in a safe manner; and
5. Consult with the College/University instructor/lab assistant about any difficulties arising at the Facility's training site; and
6. Be present at the Facility's training site on the dates and for the number of hours agreed upon; and
7. Not terminate his/her participation in the training experience at the Facility without first consulting with the College/University's instructor/lab assistant.

The Student also understands and agrees that:

- a. placement and participation in this training experience is not employment with the College/University or Facility;
- b. the Student is not covered by the College/University worker's compensation coverage; and
- c. the Student will not receive any money or compensation or benefits of any kind from the College/University in exchange for his/her participation in the training experience.

The Student also understands that the Facility does not promise or guarantee any future employment for the student.

The Student understands that he/she is responsible for providing his or her own health insurance and for any and all medical expenses incurred by him/her related to any injury, loss or illness sustained by him/her while participating in the training experience at the Facility.

Student's Signature: _____

Student's Name (please print): _____

Date: _____

Name of Student's Parent (required for students under 18 years of age) (please print):

Parent's Signature: _____

Date: _____

Bemidji State University, part of the Minnesota State Colleges and Universities system, is an Equal Opportunity employer and educator.

