

WEBER STATE UNIVERSITY ATTESTATION FORM FOR PRACTICAL EXPERIENCES

Department of Teacher Education – Student Teaching

In teacher education, the culminating experience is student teaching and is required to be recommended for a teaching license in the state. Student teaching will take place in K-12 school settings according to district, school, and university policies and guidelines. WSU Teacher Education teacher candidates are expected to follow those district and school guidelines as well as those outlined in this document.

- I understand that there are inherent potential health risks associated with my educational experience in a face-to-face practical experience environment, particularly if the experience requires close contact with others; these risks remain and/or may be increased as they relate specifically to the ongoing COVID-19 pandemic. Risks of contracting COVID-19 include experiencing symptoms, and which in severe cases, may have long-term or fatal consequences: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.
- I understand that practical experiences may be suspended, shortened, or rescheduled at any time due to changes in governmental, university, or facility directives, which may impact the timeline for my progression toward graduation.
- I understand that I am only permitted to attend or resume practical experiences if I do not have [symptoms of illness](#). I understand if I develop symptoms of illness, if I have reason to know or suspect I have been exposed to COVID-19, or if I test positive for COVID-19, I should contact my medical provider. I may not return to campus or the practical experience and must self-quarantine/isolate until I have followed all testing or clearance procedures required by the facility and/or the university, in accordance with CDC or health department guidance. University requirements may be found here: <https://weber.edu/coronavirus/reporting-suspected-and-confirmed-cases.html>. I must also immediately contact my respective clinical team, course director(s), and coordinator(s).
- I understand that I am encouraged not to attend or resume the practical experience if I feel I am at increased risk due to personal or health issues. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
- I understand that if I choose not to or am unable to resume the practical experience due to one of the reasons outlined herein, I will have the option complete the necessary requirements at a later date or withdraw and take the course in a future semester, as reasonably agreed upon between me and the program. This may impact the timeline for my progression toward graduation.
- I agree to comply with health screening practices for entry into the various practical experience environments where I am assigned.
- I understand that while in the practical experience environment, I must comply with the facility and/or the university's protective measures, which may include wearing a face covering and other protective measures and practice appropriate hygiene. I will provide the necessary and appropriate uniforms and supplies required where not provided by the facility; this may include personal protective equipment (PPE).
- I understand that I should not provide care to patients with documented or suspected COVID-19 infection, as applicable. I understand that when examining patients, I must comply with appropriate protective measures required by the facility and/or university. If I provide such care, I understand I must follow all protocols herein and provided by the

CDC if I have been exposed to COVID-19, including not returning to campus or otherwise exposing others to COVID-19, as appropriate.

- I will complete any additional safety training related to infectious disease or other health risks as required by the facility and the university, including the following:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- I understand that failure to comply with the expectations, training, and practices outlined in this document will be considered a breach of professional conduct and will result in referral to the appropriate college/school committee. It may also constitute a violation of the Student Code and referred to the Dean of Students for review and potential disciplinary action. I understand and agree that I may be immediately withdrawn from the practical experience or dismissed, suspended, or expelled based upon my failure to comply with the rules and policies of the university or facility if I pose a direct threat to the health or safety of others, or for any other reason, the university or the facility reasonably believes that it is not in the best interest of the university, the facility or the facility's patients or clients, or others.

I have read the above statements and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, and that I have freely and voluntarily signed this Agreement.

Please choose one of the options below:

- I elect to continue with my assigned practical experience.
- I do not elect to continue with my assigned practical experience.

Signature _____ Date _____