MEMORANDUM OF UNDERSTANDING
FOR
STUDENT TEACHING, OBSERVATION OR FIELD WORK

July 1, 2015

THIS AGREEMENT entered into by and between the State of California through the Trustees of the California State University on behalf of Humboldt State University, all of which are hereinafter called the "State" or "State University", and the San Leandro Unified School District of Alameda County, herein after called the "District":

Witnesseth:

WHEREAS, the District is authorized to enter into agreements with the State, to provide teaching experience through practice teaching or observation to students enrolled in teacher training curricula, and other field work experience to students enrolled in other curricula of the State University; and

WHEREAS, any such agreement will provide no payment for the Practice Teaching services rendered by the District;

NOW, THEREFORE, it is mutually agreed between the State and the District as follows:

Special Provisions

The TERM of the Agreement is from July 1, 2015 to June 30, 2020. The State shall provide no payment to the District for services required for Practice Teaching placements.

General Terms

1. The District shall provide to State University students experience through practice teaching, observations or other field work in schools and classes of the District. The experience provided by said student placements shall be provided in such schools or classes of the District and under the direct supervision and instruction of such employees of the District, as the District and the State through their duly authorized representatives may agree upon.

The District may, for good cause, refuse to accept for such observational, practice teaching or other field work placement any student of the State University assigned in the District, and upon request of the District, made for good cause, the State shall terminate the assignment of any student of the State University in the District.

"Practice Teaching" as used herein and elsewhere in this agreement means active participation in the duties and functions of classroom teaching under the direct supervision and instruction of employees of the District holding valid life diplomas or credentials issued by the State Board of Education, other than emergency or provisional credentials, authorizing them to serve as classroom teachers in the schools or classes in which the practice teaching is provided.

2. An assignment of a student of the State University to schools or classes of the District shall be, at the discretion of the State, for (1) Practice Teaching or for (2) Field Work. A student may be given more than one assignment by the State University in such schools or classes.

The assignment of a student of the State University to the District shall be deemed to be effective for purposes of this agreement as of the date the student presents to the proper authorities of the District the assignment card or other document given the student by the State University effecting such assignment, but not earlier than the date of such assignment as shown on such card or other document.

Absences of a student from assigned practice teaching shall not be counted as absences in computing the semester units of practice teaching provided the student by the District.

3. Except as otherwise provided herein, the State University shall provide workers' compensation insurance during the period for which the students are assigned to the District by the State University. All premiums or any other costs therefore shall be paid by the State University.

4. Except as otherwise provided herein, the State University shall inform each student regarding the availability of professional liability insurance. Students enrolled in Education credential programs are covered by the State University Student Professional Liability Insurance Program. Evidence of Coverage is provided with this agreement as Exhibit A.

5. All the terms and conditions of this agreement apply to the placement of students of the State University for observational experience, with the exception that those students will not be covered by workers' compensation insurance as provided in Paragraph 3 hereof. In addition, all the terms and conditions of this agreement apply to the placement of students of the State University for assigned field work other than practice teaching.

Trustees of the California State University
HUMBOLDT STATE UNIVERSITY

By 5-1-15
Mike Burghart, Director
Contracts, Procurement & Risk Management

School District San Leandro Unified School District
835 E. 14th Street
San Leandro, CA 94577

By_____
Name_____
Title_____

Certification

I, the duly appointed and acting Clerk or Secretary of the Governing Board of the School District listed below, do hereby certify that the following is a true and exact copy of a portion of the Minutes of the regular meetings of said Board held on _____, 20_____.

"It was moved, seconded and carried that the attached contract with the Trustees of the California State University, whereby the University may assign students to the schools in the School District for practice teaching be approved; and the _____ is hereby authorized to execute the same."

San Leandro Unified School District
School District

By_____
Clerk, Secretary (strike one) of the Governing Board of the School District

Alameda
County

Exhibit A

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/25/2014

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:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Lloyds of London	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The California State University (CSU)
401 Golden Shore, 5th Floor
Long Beach, CA 90802

COVERAGES **CERTIFICATE NUMBER:** 134077824 **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	
A	GENERAL LIABILITY			B0621PTRU00714	7/1/2014	6/30/2015	EACH OCCURRENCE	$2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$4,000,000
	X POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Student Professional Liability Insurance Program (SPLIP)			B0621PTRU00714	7/1/2014	6/30/2015	$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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Learning Site Self-Assessment Form
for HSU Service Learning & Academic Internships

Organization Name: _____ **Website:** _____

Organization Contact Name: _____ **Title:** _____

Contact Email: _____ **Contact Phone:** _____ **Fax:** _____

Address: _____
Street Address City State Zip

Directions: This form should be completed by an authorized representative of the Learning Site who is intricately familiar with the organization's safety policies & procedures and the potential learning activities that CSU students will be engaged in as part of their Service Learning/ Academic Internship experience.

SUPERVISION: Will the students be supervised less than 100% of the time?	☐ NO	☐ YES	Will the supervisor be responsible for overseeing more than 8 people?	☐ NO	☐ YES
POPULATION SERVED: Will the students be working with "behaviorally challenged" populations?	☐ NO	☐ YES	Will students be working unsupervised with minors?	☐ NO	☐ YES
POPULATION SERVED: Will the students be working with individuals who have a known criminal background or history of violent behavior?				☐ NO	☐ YES
LEARNING SITE LOCATION: Would the location be described as a high-crime area, or are there concerns about the parking and work areas being secure or adequately illuminated?				☐ NO	☐ YES
CRIMINAL ACTIVITY: Have there been any incidents of criminal activity at the organization within the last year?				☐ NO	☐ YES
KNOWN HAZARDS: Are there concerns with the site's physical location; such as physical, environmental, accessibility concerns, or inherent hazards that are not addressed adequately by training and security measures?				☐ NO	☐ YES
KNOWN HAZARDS: Does the placement require working with any hazardous materials, heavy equipment, or heavy machinery?				☐ NO	☐ YES
EMERGENCY PLAN: Are there any concerns as to the Learning Site's Emergency Plan or regarding non-working fire-rated doors or blockages to the exits and hallways?				☐ NO	☐ YES
If you have answered "yes" to any of the above, please explain below (please use additional page if necessary):					

CSU Resource Guide for Managing Risk in Service Learning, copyright 2011

Logistics

Will students be working under supervision? Who is the Supervisor?	
Will students be working at alternate sites? If yes, an additional Site Assessment form is required.	
What is required for students prior to starting? Fingerprinting? Background checks? TB test? Who pays for this?	
Who should university contact in case of emergency?	

Risk Identification and Tour of Site

Does the site provide a safety orientation? (Recommended)	
Will students be interacting with individuals who have a criminal background or a history of physical violence?	
Will student be required to work alone at night (between 6pm and 8am?)	
Is learning site home-based? (Please see footnote #1:).	
Does the learning site carry liability insurance? Any other insurance?	
Document and discuss any risks involved with this learning site.	

Is there anything else not covered that might impact the safety and well-being of the students? Please comment here:	☐ NO	☐ YES

Please be aware of the following:

1. Students are not allowed to participate at home-based learning sites. (Exceptions must be cleared with HSU Director of Risk Management.)
2. Students are not allowed to use power tools or provide transportation for agency/business purposes.
3. Learning sites should have orientations for all student volunteers going over items discussed in the site checklist.

Learning Site Authorized Signer: _____ **Date:** _____

Title: _____

HSU Risk Management Signature: _____ **Date:** _____

CSU Resource Guide for Managing Risk in Service Learning, copyright 2011