

# PACT FOR WEST CENTRAL ILLINOIS

## College Student Internship/Observer Agreement

I, \_\_\_\_\_, agree to participate approximately \_\_\_\_\_ hours per week with PACT for West Central Illinois at the \_\_\_\_\_ center. This experience is required as part of \_\_\_\_\_ (program), administered by \_\_\_\_\_ (school).

The term of this agreement is from (date) \_\_\_\_\_ to \_\_\_\_\_.

The weekday(s) \_\_\_\_\_ and hours are from \_\_\_\_\_ to \_\_\_\_\_ p.m. The student may assist in the care of children only under the direct supervision of PACT classroom teacher.

I agree to comply with the following:

1. If I am unable to be present on a given day, I will be responsible to notify the site supervisor.
2. I will practice strict confidentiality at all times concerning information on clients served by this program.
3. I agree to wear attire which is compatible with the agency/program policy.
4. I will become familiar with the philosophy and mission of Head Start, including classroom routine and schedule.
5. I will follow the Head Start & DCFS regulations, including but not limited to violation of child abuse & neglect, performance, confidentiality, etc, and if I violate any of the terms and conditions of this agreement, PACT will terminate this agreement, and it shall be of no further force or effect.

PACT for West Central Illinois agrees to provide a learning atmosphere. This allows the student to become involved in programming and with the participants. The student is encouraged to ask questions and have them answered.

\_\_\_\_\_  
*Student's Signature*

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*Student's Educational Supervisor*

Date: \_\_\_\_\_

Title \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*PACT Site Supervisor*

Date \_\_\_\_\_