



QUINCY AREA VOCATIONAL TECHNICAL CENTER

219 Baldwin Drive, Quincy, IL 62301 • 217.224.3775 ☎ • 217.221.4800 Fax • www.qps.org/departments/qavtc

STUDENT CONTRACT – HEALTH OCCUPATIONS PROGRAM

I WILL ASSUME RESPONSIBILITY FOR LEARNING BY:

1. Preparing for theory sessions by reading assigned pages and completing assignments BEFORE class.
2. Attending all classes and clinical experience as possible. If I am unable to attend, I will arrange make-up assignments/quizzes/clinical experiences prior to the absence or immediately upon return. I realize that if I am absent on a quiz/test day, I am responsible for taking the quiz/test upon returning to school or as scheduled with the instructor.
3. Keeping my notebook/clinical log current.
4. Keeping up with the class/clinical schedule.
5. Maintaining a grade average of 80% for theory and clinical.
6. Adhering to uniform/dress policy and clinical/theory performance guidelines (see specifics in course syllabus).
7. Following Illinois Department of Public Health guidelines for nurse aide training (CNA-Certified Nurse Assistant course) in addition to procedures/guidelines for the SIUC Nurse Aide Competency Evaluation and the Health Care Worker Criminal Background Check.
8. Paying fees for the class (including deposit for book in STP class) and for returning materials at the end of my participation in the course.

I WILL ASSUME RESPONSIBILITY FOR CARE OF RESIDENTS BY:

1. Conducting myself in a mature, professional manner.
2. Maintaining a helping attitude with residents, staff members, and fellow students and instructors.
3. Adhering strictly to the dress code and clinical performance guidelines during clinical sessions (see specifics in course syllabus).
4. When absent from the clinical area, call at least one hour prior to starting time at the clinical facility (Good Samaritan Home, 217-223-8717) or instructor.
5. Obtaining a two-step tuberculosis (TB) screening. Students may have TB screening done at area health departments, physicians' offices or at the student's place of employment (if TB screening is provided at the health care facility). Provide documentation (results of the TB screening) to the instructor of the Health Occupations Program by the last Wednesday in September.
6. Adhere to guidelines per clinical facility rules regarding COVID requirements, masks, etc.

I, _____, agree to the Student Contract/Expectations for the QAVTC Health Occupations Course as stated above. I have reviewed the Orientation Unit of the course syllabus with my parent/guardian and we understand the contract and guidelines. I have discussed this Orientation Unit in the course syllabus with my parent/guardian and we understand the responsibilities that I am undertaking this school year in the Health Occupations Course.

If any of the above expectations are violated, I understand that appropriate action will be taken and that I may not be certified as a nurse assistant and/or I may not successfully complete the course and I may be DISMISSED from this course.

STUDENT SIGNATURE _____
PARENT/GUARDIAN SIGNATURE _____
INSTRUCTOR SIGNATURE _____

DATE _____
DATE _____
DATE _____