CAREER EXPERIENCE PLACEMENT HANDBOOK

Also available at: www.swwc.org/careerexperience
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MISSION

We support and enhance the work of our members by providing programs and services that meet their needs.

VISION

By striving to be innovative, collaborative and responsive, we will be the premiere service agency for our members.

CORE VALUES

SERVICE: We believe service is a commitment to serve our members, potential members, coworkers and others. We care about them, listen to them, and work to address their issues. Satisfying those we serve is a priority for everyone in the agency.

INTEGRITY: We believe integrity is the foundation of our actions. We are honest, trustworthy, respectful and ethical. We are committed to always do the right thing.

RESPECT: We believe respect is treating everyone with courtesy, politeness and kindness. Respect encourages open and honest communication and recognizes the contributions, opinions and ideas of all. In essence, respect is treating others as you wish to be treated.
Welcome to SWWC!

This handbook serves as a reference guide for SWWC career experience opportunities including student teachers, practicum students, observers, job shadowing, interns and other types of non-employment experiences. SWWC believes that visitors add value to our organization and support these types of placements and we believe that our visitors also benefit from spending time in our programs. SWWC has an established reputation for outstanding service, innovative programs, strong partnerships, and quality leadership. This reputation has been accomplished through the day-to-day efforts of all of our employees! We look forward to working with you and are here to help guide you and ensure that your experience with us is a positive one.

If you need assistance or have questions, please don’t hesitate to contact:

Kari Bailey
Staffing Coordinator
kari.bailey@swwc.org
507-828-6374
REQUESTS FOR CAREER EXPERIENCE PLACEMENT

Individuals requesting to participate in a career experience placement (observation, field experience, other), should complete the Career Experience Application (Appendix A) by using the link below:

Click here to complete the Career Experience Application.

BACKGROUND CHECK

The SWWC will maintain a safe and healthful environment in order to promote the physical, social, and psychological well-being of its employees and students. To that end, the SWWC will seek a criminal history background check for all visitors who spend more than 10 days with the SWWC, or to those individuals who will engage in activities that are not in the direct and constant supervision of an SWWC employee.

In lieu of running a background check, SWWC will accept proof of a background check that has been acquired by another school district. This must have been completed within the previous 12 months of the date of the placement within the SWWC.

The background check will be done at the individual’s expense, $15 paid to SWWC and the information will be kept confidential. If an individual is unable to pay for the background check, please contact Human Resources. Individuals will need to complete background check application that will be emailed to them at the email address they used on their Career Experience Application.

Human Resources staff members will review the results of each background check. If there are any concerns regarding the results of a background check, Human Resources will contact that individual directly within 24-48 hours after receiving the results.

Note: If you are a current employee of SWWC, you are already cleared to work in the District, so you do not need to complete the background check.
CONFIDENTIALITY

It is essential that all individuals participating in a Career Experience through SWWC respect confidentiality. Confidential information about individual students and/or the school district should not be shared outside of the career experience setting. Examples include:

- Student’s abilities;
- Student’s behavior and attitudes;
- Student’s Individualized Education Plans (IEPs);
- District financial information;
- any other information that would be considered confidential, including personal student and/or employee information such as address, grade, sex, etc.

Every SWWC visitor must sign a confidentiality agreement, which is included in the Career Experience application.

SWWC POLICY REVIEW

The following SWWC policies should be reviewed prior to the career experience opportunity. They can be found on the Career Experience website at www.swwc.org/careerexperience.

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FREQUENTLY ASKED QUESTIONS

What should I wear?

SWWC employees wear professional attire that fits the program in which they work. For some employees, nice jeans free of holes is appropriate, while others may wear business professional or business casual attire. If you have any questions about appropriate attire, visit with the site administrator, department supervisor, the employee you will be visiting or human resources.

What if the weather is bad on the day I plan to visit?

If I cannot attend due to weather, you should contact your primary contact person or the person you will be doing a career internship with.

Do I have a right to know about student's disabilities, medications or other types of information?

SWWC operates under a “need to know” practice and has a strict policy for maintaining student confidentiality. Visitors will be provided with only the information that SWWC believes is relevant to the type of experience the visitor is participating in. All visitors are required to sign a confidentiality agreement.

How should I interact with students?

Do:
- Maintain professional boundaries

Don’t:
- Provide personal contact information to students
- Add students to your social media accounts
- Communicate with students after school hours
- Restrain, touch
- Take students outside or away from school

What should I do if I observe bullying or harassment?

Because you are not an SWWC employee, you are not obligated to report or refer incidents of bullying or harassment to school officials. In an effort to curb negative behavior, however, we do ask for your cooperation in making reasonable efforts to intervene in and report incidents of prohibited contact to our Primary Contact Person, the classroom teacher, or the building administrator.
APPENDIX A

CAREER EXPERIENCE APPLICATION

(* are required fields)

*First Name: __________________________________  *Last Name: ___________________________________
*Street Address: ________________________________  *City: ________________________________________
*State: _______________________________________  *Zip: _________________________________________
*Phone: ______________________________________  *Email: _______________________________________

High School attended: ___________________________  High School street address: ________________
High School city: ________________________________  High School state: __________________________
High School zip: ________________________________  High School contact person: ________________
High School contact person’s email: ________________  High School contact person’s phone: __________

Current college or university: _____________________  Certification area of study: _________________
University street address: ________________________  University city: _____________________________
University state: ________________________________  University zip: _____________________________
Anticipated graduation date: ______________________  Adviser’s name: ____________________________
Adviser’s email: ________________________________  Adviser’s phone: _____________________________

*Type of career experience requested (field experience, internship, job shadow, observation, student teaching, volunteer or other): ________________________________________________

If other, please describe below what career experience you are requesting: ________________________________________________

*How much time do you wish to spend with SWWC in this experience (hours, days, weeks, months)?________________

*Preferred date to start career experience: __________  *Preferred end date of career experience:___________
Region/distict preferred: __________________________

AND/OR

Name of SWWC employee you would like to observe or have been in contact with, if any?_________________________
If you do not have one, we can provide placement for you.

*How did you hear about SWWC?__________________________________________________________

Any additional comments:__________________________________________________________

*Applicant’s Signature: __________________________  *Date:_____________________________________

*Director of HR’s Signature:_______________________  *Date:_____________________________________

*Actual start date of career experience: __________  *Actual end date of career experience:___________

*SWWC staff member to be placed with: __________  Director comments:________________________

*Director’s Signature: ___________________________  *Date:_____________________________________

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CONFIDENTIALITY AGREEMENT FOR SWWC CAREER EXPERIENCE INDIVIDUALS

(* are required fields)

*First Name: __________________________________  *Last Name: __________________________________
*Street Address: ____________________________________________  *City: ________________________________________
*State: _______________________________________  *Zip: _________________________________________
*Email: _______________________________________               *Telephone:___________________________________

*SWWC employee to be observed: ____________________________  *Setting:_______________________________________
*Date: ________________________________________  *Time:________________________________________

*Administrator responsible for organizing career experience: _____________________________________________

❖ I shall protect the rights to privacy of all students, employees and district personnel, and there, shall not share
  information orally or in writing.

❖ If career experience will be conducted in the classroom:

❖ As a guest in the classroom, instruction is not to be interrupted by the observer in any way.

❖ I understand that all classroom observations must be scheduled in advance in accordance with all Learning
  Center policies and with procedures of the school.

❖ If I have any questions concerning the procedures for classroom observations or compliance with this
  Agreement, I shall direct them to the Administrator of the school.

❖ I understand that the District and/or SWWC reserves the right to monitor classroom observations and to rescind
  authority to participate in classroom observations to any individual who misuses such access or otherwise
  violates this Agreement.

*Observer’s Signature: ___________________________  *Date:________________________________________

*Director’s Signature: ___________________________  *Date:________________________________________