



# **PRACTICUM HANDBOOK**

## **EARLY CHILDHOOD EDUCATION DEVELOPMENTAL SERVICES WORKER**

**2022/2023**

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## *Welcome to Fanshawe College!*

My name is Carleigh Smith and I am the Practicum Consultant. I will be working with you throughout the practicum process over the course of your studies here at the college.

As you begin to think about what experiences you want from your practicum and where you may want to be placed, there is a [Practicum Block Information Form for you to review](#). When we meet individually, we will be discussing this form and where you will be placed for all 7 of your practicums. I will be using this information when I reach out to potential employers.

To prepare for practicum, there are requirements you will need to complete. The following items are necessary for your participation in practicum and need to be completed as soon as possible. These requirements are explained in more detail on the "[Mandatory Requirements for Field Practicum](#)" document. You must submit all of these documents prior to participating in your first field practicum. These can take time to process, so you should [begin now](#).

These mandatory items include:

- Standard First Aid course certificate (either St. John Ambulance, Canadian Red Cross or equivalent)
- Basic Rescuer course certificate (Level "C" CPR)
- Evidence of Good Health (Pre-Placement Health Form)
- Police Record Check and Vulnerable Sector Screening, including a check of the Pardoned Sexual Offenders Database
- Practicum Agreement

I look forward to working with you over the course of your program to establish positive and meaningful experiential learning opportunities while on practicum.

If you have any questions in the meantime, please contact me.

Carleigh Smith  
Practicum Consultant  
Simcoe/ Norfolk Regional Campus  
634 Ireland Road, P.O. Box 10, Simcoe, ON N3Y 4K8  
T: 519-426-8260 x 35035 F: 519-428-3112  
Email: [csmith3@fanshawec.ca](mailto:csmith3@fanshawec.ca)

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**Room #E1012, 1001 Fanshawe College Boulevard, P.O. Box 7005**  
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*Telephone: (519) 452-4277 Fax: (519) 452-4420*

### **COLLEGE PRACTICUM AGREEMENT**

Thank you for accepting our offer of admission. An essential component of your education will be experiential learning through clinical or field practice relevant to your chosen profession. In order to ensure high standards and quality educational offerings which will permit students maximum opportunities to achieve learning objectives, Fanshawe College reserves the right to place students in an agency or combination of agencies it determines to be appropriate. **While every effort is made to maximize use of local agencies, there is sometimes a need to place students outside of the area for some programs or portions of programs.**

**Accordingly, your admission is subject to the condition that you must be prepared for the possibility of assignment to experiential learning outside of the area, and for the possibility of having to relocate, at your own expense, for all or a portion of this experience. You are responsible for all costs associated with Clinical and/or Field Practicum, (including volunteer hours).**

Please indicate your understanding and acceptance of this condition by completing ALL information and signing below. We look forward to welcoming you as a student at Fanshawe College.

*I understand and accept the condition stated above.*

STUDENT NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ START DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **IMPORTANT**

Being punctual for your practicum is a major contributor to how others see you in your field. Being on time, every time, is an expectation that all students should strive to achieve.

**SIGN, DATE AND BRING THE ORIGINAL AND A COPY OF THIS FORM WITH YOU TO YOUR FIRST MEETING WITH YOUR PRACTICUM CONSULTANT**

At the Simcoe/Norfolk Regional Campus, this form is required by students in the following programs:

- Agri-Business Management
- Developmental Services Worker (Accelerated)
- Early Childhood Education (Accelerated)
- Personal Support Worker
- Social Service Worker
- Social Service Worker Fast Track
- Welding Techniques

## Additional Requirements

There are additional requirements to complete online before you start your first practicum.

### Early Childhood Education

Pre-Practicum Series:

- How Does Learning Happen?
- Infant Series
- Toddler Series
- Kindergarten Series

### Developmental Services Worker

Pre-Practicum Series:

- Open Future Learning
- Non-Violent Crisis Intervention

*\*You cannot start these until you are registered in a practicum course. The Practicum Consultant will provide you will information regarding these when you start your program.*

### Mandatory Session with Practicum Consultant:

- Pre-Practicum Prep
- Goal Setting

*\*The Practicum Consultant will inform you of session dates and times when you start your program.*

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## Sample First Aid/CPR Certificate



### NAME

Is Certified

In

Standard First Aid & CPR/AED Level C

Certificate number: 11111111

Expiry Date: 2022-02-28

Issue Date: 2019-03-01

Issued in: ON

**Practicum Health Form  
Simcoe/Norfolk Regional Campus**

**Student Information**

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

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

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

Program Name: \_\_\_\_\_

Year: \_\_\_\_\_

*IMPORTANT: A copy of your immunization and any lab results must be submitted to Synergy for clearance.*

**To Be Completed by a Health Care Provider**

**Health Care Provider Signature and Office Stamp**

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

OFFICE STAMP

Signature: \_\_\_\_\_

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

**Tuberculosis:** The student must provide proof of a two-step Tuberculosis Mantoux skin test. If there is record of a two-step TB skin test in the past, dates and results must be recorded and followed up with a one-step TB skin test (if more than 12 months have passed). Documentation of the tuberculosis skin test is required regardless of receiving the BCG vaccine. Students with a positive skin test (10mm or more in duration) must have a chest x-ray.

**Two Step Tuberculosis Skin Test**

Step 1: Date given (dd/mm/yy): \_\_\_\_\_

Date read (dd/mm/yy): \_\_\_\_\_

Result: \_\_\_\_\_

Step 2: Date given (dd/mm/yy): \_\_\_\_\_

Date read (dd/mm/yy): \_\_\_\_\_

Result: \_\_\_\_\_

**One Step Tuberculosis Skin Test**

Step 1: Date given (dd/mm/yy): \_\_\_\_\_

Date read (dd/mm/yy): \_\_\_\_\_

Result: \_\_\_\_\_

*Students with a positive skin test (10mm or more in duration) must have a chest x-ray. A copy of the chest x-ray must be attached.*

Date of x-ray (dd/mm/yy): \_\_\_\_\_

Result: \_\_\_\_\_

**Mumps, Measles, Rubella (MMR):** Proof of immunity to Mumps, Measles and Rubella or documented proof of the 2 dose series is required. If no immunity, the student must provide proof that they have received 2 doses of the MMR vaccine.

1. **Immunity to MMR:** Evidence of immunity to Mumps, Measles and Rubella. **A copy of the lab report must be attached.**

Date blood work completed (dd/mm/yy): \_\_\_\_\_

Mumps Immunity:  Yes  No

Measles Immunity:  Yes  No

Rubella Immunity:  Yes  No

2. **MMR Vaccine:** If no immunity, proof of 2 doses of MMR is required. **A copy of the immunization record must be attached.**

MMR Dose 1 (dd/mm/yy): \_\_\_\_\_ MMR Dose 2 (dd/mm/yy): \_\_\_\_\_

**Varicella:** Proof of immunity to Varicella or documented proof of the 2 dose series is required. If no immunity, the student must provide proof that they have received 2 doses of the Varicella vaccine.

1. **Immunity to Varicella:** Evidence of immunity to Varicella. **A copy of the lab report must be attached.**

Date blood work completed (dd/mm/yy): \_\_\_\_\_

Varicella Immunity:  Yes  No

2. **Varicella Vaccine:** If no immunity, proof of 2 doses of Varicella is required. **A copy of the immunization record must be attached.**

Varicella Dose 1 (dd/mm/yy): \_\_\_\_\_ Varicella Dose 2 (dd/mm/yy): \_\_\_\_\_

**Tetanus/Diphtheria (Td) and Polio:** Completion of the initial series is required with a booster if more than 10 years. If the student has not completed the initial series, 2 doses is required. **A copy of the immunization record must be attached.**

Tetanus/Diphtheria/Polio series completed (dd/mm/yy): \_\_\_\_\_

Booster completed (dd/mm/yy): \_\_\_\_\_

Tetanus/Diphtheria Dose 1 (dd/mm/yy): \_\_\_\_\_

Tetanus/Diphtheria Dose 2 (dd/mm/yy): \_\_\_\_\_

Polio Dose 1 (dd/mm/yy): \_\_\_\_\_

Polio Dose 2 (dd/mm/yy): \_\_\_\_\_

**Pertussis:** Students are required to provide documentation of the Pertussis vaccine. If the student has not had the Pertussis vaccine they require Adacel or equivalent (if over the age of 18). Students under 18 should receive the initial series. **A copy of the immunization record must be attached.**

1. **Pertussis series complete (dd/mm/yy):** \_\_\_\_\_
2. **Dose of Adacel or equivalent (dd/mm/yy):** \_\_\_\_\_
3. **If under 18 with no history of an initial series, please provide 2 doses**  
**Pertussis Dose 1 (dd/mm/yy):** \_\_\_\_\_  
**Pertussis Dose 2 (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B:** Proof of immunity to Hepatitis B is required. If no immunity, the student must show proof of 2 doses (minimum).

1. **Immunity to Hepatitis B:** Evidence of immunity to Hepatitis B. **A copy of the lab report must be attached.**

**Date blood work completed (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B Immunity:**  Yes  No

2. **Hepatitis B Vaccine:** If no immunity, proof of 2 doses (minimum) of Hepatitis B is required. **A copy of the immunization record must be attached.**

**Hepatitis B Dose 1 (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B Dose 2 (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B Dose 3 (dd/mm/yy):** \_\_\_\_\_

**Hepatitis B Booster (dd/mm/yy):** \_\_\_\_\_

**Influenza:** An annual seasonal flu shot is not mandatory but highly recommended. Any student without the vaccination may be in jeopardy of a successful completion of the clinical course in the event of an outbreak at your placement. The influenza vaccine is available from October to March. **Documentation of the influenza vaccine clearly indicating the date received must be attached.**

**Influenza Vaccine Received (dd/mm/yy):** \_\_\_\_\_

**COVID-19:** This vaccine is mandatory. **Documentation of the COVID-19 vaccine clearly indicating the date received must be attached.**

**Dose 1 received (dd/mm/yy):** \_\_\_\_\_

**Dose 2 received (dd/mm/yy):** \_\_\_\_\_



**Non Medical Requirements:** The following non medical requirements must be completed. If you have previously obtained one or more of these requirements, please verify the expiry date. If your certificate expires during the placement portion for your program, it is your responsibility to recertify within one month from the time of expiration. **A copy of all non medical documents/certificates must be attached.**

**CPR – Level C Certificate (every 3 years):**

**Valid Certificate:**  Yes  No **Certificate Attached:**  Yes  No

**Standard First Aid Certificate (every 3 years):**

**Valid Certificate:**  Yes  No **Certificate Attached:**  Yes  No

**Vulnerable Sector Police Check (annual):**

**Valid Certificate:**  Yes  No **Certificate Attached:**  Yes  No

**Student Agreement:**

I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with the Public Hospitals' Act and Ontario Hospital Association protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student practicum. I understand that the faculty in my educational program will be able to view the results from this form. I understand that I must have all sections of this form fully completed and reviewed by the identified due date. Failing to do so, may jeopardize my consideration for any student practicum. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with a hospital, nursing home, or other clinical practicum agency relating to my program.

*The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and well-being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.*

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date (dd/mm/yy):** \_\_\_\_\_

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

Dear Local / Regional Police Agency,

I write this letter in regards to a Vulnerable Sector Clearance Check for a Developmental Services Worker student who is enrolled in the Developmental Services Worker (DSW) program at Fanshawe College, Simcoe/Norfolk Regional Campus.

In the DSW program, this student (\_\_\_\_\_) is required to complete an unpaid field practicum in order to graduate from the program. This student will be working with youth or adults with developmental disabilities.

Please be advised that it is the policy of the DSW program that all students obtain a Vulnerable Sector Clearance Check prior to the beginning of their practicum. They are required to show proof of this check to the college and their field practicum sites.

I would appreciate your department providing a Vulnerable Sector Clearance Check for the above named individual as quickly as possible. Should you have any questions, please contact me at the college at (519) 426-8260 ext. 35035.

Sincerely,



**Carleigh Smith, Practicum Consultant**

Fanshawe College, Simcoe/Norfolk Regional Campus  
P.O. Box 10, 634 Ireland Road  
Simcoe, ON N3Y 4K8  
[csmith3@fanshawec.ca](mailto:csmith3@fanshawec.ca)

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

Dear Local / Regional Police Agency,

I write this letter in regards to a Vulnerable Sector Clearance Check for an Early Childhood Education student who is enrolled in the Early Childhood Education (ECE) program at Fanshawe College, Simcoe/Norfolk Regional Campus.

In the ECE program, this student (\_\_\_\_\_) is required to complete an unpaid field practicum in order to graduate from the program. This student will be working with youth or adults with developmental disabilities.

Please be advised that it is the policy of the ECE program that all students obtain a Vulnerable Sector Clearance Check prior to the beginning of their practicum. They are required to show proof of this check to the college and their field practicum sites.

I would appreciate your department providing a Vulnerable Sector Clearance Check for the above named individual as quickly as possible. Should you have any questions, please contact me at the college at (519) 426-8260 ext. 35035.

Sincerely,



**Carleigh Smith, Practicum Consultant**

Fanshawe College, Simcoe/Norfolk Regional Campus  
P.O. Box 10, 634 Ireland Road  
Simcoe, ON N3Y 4K8  
[csmith3@fanshawec.ca](mailto:csmith3@fanshawec.ca)

## Practicum Agreement – Developmental Services Worker

Student Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Practicum Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Practicum Consultant: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned agree to the following  
*Student Name (please print)*  
conditions while working at my practicum.

1. I will represent Fanshawe College in a professional manner.
2. I respect confidentiality.
3. I will be responsible for transportation to and from my practicum.
4. I will complete and maintain all required paperwork.
5. I will attend practicum every day. If absent, I will advise both my Agency Supervisor and the Practicum Consultant before the start of my day and will provide a reason for my absence. Unexcused absences may result in a failing grade for practicum.
6. I will be punctual.
7. I will abide by the agreements related to student behaviour, professional ethics and organizational policies.

8. I will submit the following to the Practicum Consultant on due dates:

- Practicum Evaluation
- Practicum Attendance Log
- Reflection Submissions

• Practicum Learning Goals & Self Assessment 9. I will complete the assigned number of hours and days.

Student Signature: \_\_\_\_\_

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

Mentor Signature: \_\_\_\_\_

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

*Please return to the Practicum Consultant within the first week of practicum.*

## Practicum Agreement – Early Childhood Education

**Student Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Practicum Organization:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of Mentor:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of Practicum Consultant:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I, \_\_\_\_\_ the undersigned agree to the following

*Student Name (please print)*

conditions while working at my practicum.

1. I will represent Fanshawe College in a professional manner.
2. I respect confidentiality.
3. I will be responsible for transportation to and from my practicum.
4. I will complete and maintain all required paperwork.
5. I will attend practicum every day. If absent, I will advise both my Agency Supervisor and the Practicum Consultant before the start of my day and will provide a reason for my absence. Unexcused absences may result in a failing grade for practicum.
6. I will be punctual.
7. I will abide by the agreements related to student behaviour, professional ethics and organizational policies.

8. I will submit the following to the Practicum Consultant on due dates:

- Practicum Evaluation
- Practicum Attendance Log
- Reflection Submissions

• Practicum Learning Goals & Self Assessment 9. I will complete the assigned number of hours and days.

Student Signature: \_\_\_\_\_

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

Mentor Signature: \_\_\_\_\_

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

*Please return to the Practicum Consultant within the first week of practicum.*



## Practicum Blocks: Student Information Sheet

### DSW Practicum Blocks

- 7 practicums
- practicums are organized by blocks
- student must complete the requirements of each practicum block

#### Practicum Requirements:

- |   |   |
|---|---|
| <input type="checkbox"/> Standard First Aid/CPR         | <input type="checkbox"/> Health and Immunization Form |
| <input type="checkbox"/> Vulnerable Sector Police Check | <input type="checkbox"/> Practicum Agreement          |

#### Pre-Practicum Series (complete before the first practicum)

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Open Future Learning | <input type="checkbox"/> NVCI |
|---|-------------------------------|

### Practicum Block One: Adults Supported Living. Group Living Homes

Traditional Settings: Community Living Agencies and similar adult living agencies

- Practicum One:
- Practicum Two:
- Practicum Three:

### Practicum Block Two: Educational Assistant or Non-Traditional Settings\*

Traditional Settings: Elementary School Setting and/or Secondary School Setting

- Practicum Four:
- Practicum Five:
- Practicum Six:

\*If an educational assistant practicum is not available in block two, the student will complete their non-traditional setting practicum in block two.

### Practicum Block Three: Non-Traditional Settings or Educational Assistant\*

Non-Traditional Setting: Through Discussion with Practicum Consultant

- Practicum Seven:

\*Students who have completed their non-traditional setting p<sub>1</sub>racticum in block two, will complete their educational assistant practicum in block three.





## Practicum Blocks: Student Information Sheet

### ECE Practicum Blocks

- 7 practicums
- practicums are organized by blocks
- student must complete the requirements of each practicum block

#### Practicum Requirements:

- |   |   |
|---|---|
| <input type="checkbox"/> Standard First Aid/CPR         | <input type="checkbox"/> Health and Immunization Form |
| <input type="checkbox"/> Vulnerable Sector Police Check | <input type="checkbox"/> Practicum Agreement          |

#### Pre-Practicum Series (complete before the first practicum)

- |  |  |
|--|--|
| <input type="checkbox"/> How Does Learning Happen? | <input type="checkbox"/> Kindergarten Document |
| <input type="checkbox"/> Infant Series             | <input type="checkbox"/> Toddler Series        |
| <input type="checkbox"/> Kindergarten Series       |  |

### Practicum Block One: Infants, Toddlers and Pre Schools

Traditional Settings: Licensed child care facilities

- Practicum One:
- Practicum Two:
- Practicum Three:

### Practicum Block Two: School Age or Traditional Settings

Traditional Settings: Kindergarten Classroom

- Practicum Four:
- Practicum Five:
- Practicum Six:

\*If a traditional practicum is not available in block two, the student will complete their non-traditional setting practicum in block two.

### Practicum Block Three: Non-Traditional Settings or School Age\*

Non-Traditional Setting: Through Discussion with Practicum Consultant

- Practicum Seven:

\*Students who have completed their non-traditional setting practicum in block two, will complete their educational assistant practicum in block three.