

**Student Teaching Affiliation Agreement  
Between  
Grand Canyon University  
And  
Mount Diablo Unified School District**

1. **Parties:** This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_ by and between Grand Canyon University and **Mount Diablo Unified School District** located at **1936 Carlotta Dr. Concord, CA 94519**. Hereafter referred to as the "District."
2. **Purpose:** The purpose of this non-exclusive Agreement is to establish the terms and conditions under which students of Grand Canyon University may participate in Student Teaching Internships, Practicum and Observations at the schools located in the District.
3. **Term:** The term of this Agreement begins *1/1/14* and ends *12/31/16*.
4. **Compliance with Handbook and Policy:** Grand Canyon University and Grand Canyon University's participating students shall comply with all policies of the University and District. Students accepted to the District for clinical training shall be subject to all applicable policies and regulations of the District and Grand Canyon University. Prior to assignment of students to the District, Grand Canyon University will advise students of any specific requirements that must be met to participate in the clinical. These specific requirements are outlined in Grand Canyon University's student teaching manual. Failure to complete the requirements will result in non-placement of students.
5. **Confidentiality:** Grand Canyon University shall inform each participating student of Federal law governing the confidentiality of District student information, including FERPA. The District shall inform each participating student of any applicable state law governing the confidentiality of student information. Any breach of confidentiality by a participating Student shall be grounds for immediate termination of the clinical experience.
6. **Indemnification and Hold Harmless:** Neither party shall be responsible for personal injury or property damage or other loss except that resulting from its own negligence or the negligence of its employees or others for whom the party is legally responsible. The District will provide participating students with immediate first aid for work-related injuries or illnesses, such as blood or body fluid exposure.
7. **Assignment:** The provisions of this agreement shall insure to the benefit of, and shall be binding upon the successors of the parties hereto. Neither this agreement

nor any of the rights or obligations hereunder may be transferred or assigned without prior written consent of the other party.

8. **Notices:** Notices under this agreement shall be mailed or delivered to the parties as follows:

University  
Dr. Kimberly LaPrade  
Dean, College of Education  
Grand Canyon University  
3300 West Camelback Road  
Phoenix, Arizona. 80517

District

9. **Modification of Agreement:** This agreement may be modified only by written amendment executed by all parties.
10. **Termination:** Either party, upon thirty (30) days' written notice to the other party, may terminate this agreement.
11. **Partnership/Joint Venture/Employment:** Nothing herein shall in any way be construed or intended to create a partnership or joint venture between the parties or to create the relationship of principal and agent between or among any of the parties.
12. **Nondiscrimination:** The parties shall comply with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Americans with Disability Act of 1990 and the regulations related thereto. The parties will not discriminate against any individual including but not limited to employees or applicants for employment and/or students because of race, religion, creed, color, sex, age, disability, veteran status, or national origin. This section shall not apply to discrimination in employment on the basis of religion that is specifically exempt under the Civil Rights Act of 1964 (42 U.S.C. §2000 e).
13. **Responsibilities of Grand Canyon University**
- A. To promptly and thoroughly investigate any complaint by any participating student of unlawful discrimination or harassment at the FIELDWORK SITE or involving employees or agents of the FIELDWORK SITE, to take prompt and effective remedial action when discrimination or harassment is found to have occurred, and to promptly notify the District of the existence and outcome of any complaint of harassment by, against, or involving any participating student.

- B. Grand Canyon University agrees to comply with all federal, state and local statutes and regulations applicable to the operation of the Agreement, including without limitations, laws relating to the confidentiality of student records.
- C. Grand Canyon University will maintain in full force and effect, at its sole expense and written by carriers acceptable to District:

- i. Commercial General Liability (Minimum Requirements):

- Limits of Liability:

- \$1,000,000 Combined Single Limit
      - \$2,000,000 General Aggregate
      - \$1,000,000 Products Aggregate
      - \$1,000,000 Personal Injury
      - \$5,000 Medical Payments

- Coverage:

- Premises/Operation Liability
      - Medical Payments Liability
      - Contractual Liability
      - Personal Injury Liability
      - Independent Contractors

- ii. Certificates of Insurance:

14. **Special Provisions – Rates and Payment**

- (a) A \$ 500.00 Grand Canyon University stipend per sixteen (16) week session of full-time student teaching for Special Education/General Education Credential candidates shall be paid by Grand Canyon University to cooperating teachers. Longer or shorter assignments will be assessed on a pro-rated basis.
- (b) Compensation will not be provided for practicum courses.
- (c) Site supervisors at the school site will be paid \$550.00. If a site supervisor cannot be locally appointed, GCU reserves the right to appoint a non-local site supervisor to observe teacher candidate through use of video conference capabilities.

METHOD OF PAYMENT: Stipend is to be paid directly to Cooperating Teacher. Grand Canyon University pays its customary stipends. Should stipends

be a lesser amount than those of the district, the candidate shall pay the difference. Stipend will be paid upon the completion of the student teaching semester providing all paperwork has been submitted.

In witness whereof, the parties hereto have caused this Agreement to be duly executed and delivered by their respective officials thereunto duly authorized as of the date first above written.

Grand Canyon University

By: \_\_\_\_\_  
(Signature)

By \_\_\_\_\_  
(Signature)

Name Dr. Kimberly LaPrade  
(Please print or type)

Name \_\_\_\_\_  
(Please print or type)

Title: Dean, College of Education

Title: \_\_\_\_\_

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/07/2013

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).

<b>PRODUCER</b> Parker, Smith & Feek, Inc. 2233 112th Avenue NE Bellevue, WA 98004	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 425-709-3600		FAX (A/C, No): 425-709-7460
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Grand Canyon Education, Inc. Attn: Legal Dept 3300 W. Camelback Road Phoenix, AZ 85017	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Church Mutual Insurance Company		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

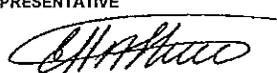
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X		050014502608412	8/1/2013	8/1/2014	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Mount Diablo Unified School District is included as Additional Insured per Endorsement UN 412(06-86) attached.

**CERTIFICATE HOLDER****CANCELLATION**

Mount Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	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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**IMPORTANT - ATTACH TO YOUR POLICY**

**CHURCH MUTUAL INSURANCE COMPANY  
CHANGE ENDORSEMENT**

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW:

ENDORSEMENT EFFECTIVE DATE: 08/01/13

POLICY NO.: 0500145-02-608412

POLICY EFFECTIVE DATE: 08/01/13

GRAND CANYON EDUCATION INC  
3300 W CAMELBACK ROAD  
PHOENIX AZ 85017

**SUMMARY CHANGES TO YOUR POLICY:**

ANY PERSON OR ORGANIZATION WHO IS REQUIRED UNDER A WRITTEN CONTRACT OR AGREEMENT BETWEEN YOU AND THAT PERSON OR ORGANIZATION, THAT IS SIGNED AND EXECUTED BY YOU BEFORE THE 'BODILY INJURY' OR 'PROPERTY DAMAGE' OCCURS AND THAT IS IN EFFECT DURING THE POLICY PERIOD, TO BE NAMED AS AN ADDITIONAL INSURED IS AN 'INSURED' FOR LIABILITY COVERAGE, BUT ONLY FOR DAMAGES TO WHICH THIS INSURANCE APPLIES AND ONLY TO THE EXTENT THAT PERSON ORGANIZATION QUALIFIES AS AN 'INSURED' UNDER THE WHO IS AN INSURED PROVISION CONTAINED IN SECTION II.

**PREMIUM:**

NO ADDITIONAL PREMIUM DUE

AGENT: 35-351  
PARKER SMITH & FEEK INC  
2233 112TH AVE NE  
BELLEVUE WA 98004  
(425) 709-3600

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

08/28/13  
\_\_\_\_\_  
COUNTERSIGNATURE DATE

