**The College of New Jersey**

**Support for Teacher Education and Global Student Teaching Office**

**Teacher Candidate/Counseling Intern Injury or Accident at Field Experience School/Community Site Policy**

In the event of an injury or accident involving the teacher candidate/counselor intern while participating in field experience at the schools/communities sites, the teacher candidate/counselor intern will receive the appropriate medical attention at the school. Afterwards, the teacher candidate/counselor intern will comply with the school district’s/community’s policy related to the accident and/or injury of school staff members. Typical school district/community policies require the person involved in the accident to complete an accident report which is reviewed by school/community site medical personnel and the principal/administrator and then filed at the school site. The teacher candidate/counselor intern should request a copy of the report.

Teacher candidate/counselor intern involved in an accident or suffering an injury at the field must inform his/her supervisor or department chair of the accident and/or injury as soon as possible. If they are unable to reach either the supervisor or department chair, the teacher candidate/counselor intern should call the STEP Office at 609.771.2408 or 609.771.2261. If the STEP Office is notified initially, the staff will inform the department of the teacher candidate/counselor intern, Office of the Dean and Office of TCNJ Risk Management.

The College of New Jersey is not responsible for payment of the injured teacher candidate/counselor intern’s medical bills. All students are encouraged to maintain appropriate health insurance coverage at all times.

**STEP Office Procedures**

The following procedures will be followed by the STEP Office when informed of a teacher candidate/counselor intern accident or injury.

1. Record the name of the teacher candidate/counselor intern, date, and location of the school/community and the nature of the injury or accident.
2. The director or assistant director will speak to the teacher candidate/counselor intern or person making the call.
3. The director or assistant director will inform the department and Office of the Dean
4. The director or assistant director will contact the school/community site for follow up and if necessary the family of the injured teacher candidate/counselor intern as directed by the teacher candidate/counselor intern, if appropriate.
5. An incident report will be completed and filed in the student’s file along with a copy of the school district/site accident report.
6. When the STEP Office is informed of the accident, it will inform the teacher candidate/counselor intern department, Office of the Dean, and Office of TCNJ Risk Management.

*10/2010*

**The College of New Jersey**

**Office of Support for Teacher Education Programs and Global Student Teaching**

**Accident of Injury During Field Experience**

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

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

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

**Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Cooperating Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident or Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Accident Report on file? Yes No**

**C: STEP Office Director**

**Department Coordinator**