

Injury or Accident at Field Experience School/Community Site Policy

In the event of an injury or accident involving a student while participating in field experience at school/community sites, the student will receive the appropriate medical attention at the school. Afterwards, the student will comply with the school district/community 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 student should request a copy of the report.

A student involved in an accident or suffering an injury at the field site must inform their supervisor and/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 student should call the STEP Office at 609.771.2408. If the STEP Office is notified initially, the staff will inform the student's department, Office of the Dean and Office of TCNJ Risk Management.

The College of New Jersey is not responsible for payment of the injured clinical intern 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 an 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 student or person making the call.
3. The director or assistant director will inform the academic department, Office of the Dean and Office of TCNJ Risk Management.
4. The director or assistant director will contact the school/community site for follow up and, if necessary, the family of the injured student as directed by the student, 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.



Field Experience Accident/Injury Report

Today's Date: _____

Name of Student: _____

Academic Department: _____

Telephone: _____ Email: _____

Major: _____

Field Supervisor(s): _____

School: _____

Cooperating Teacher: _____

Date of Injury: _____

Description of Accident or Injury (use additional sheets if necessary):

School District Accident Report on file? Yes No

**Cc: STEP Office Director
Department Coordinator
Dean's Office
TCNJ Risk Management**