



STUDENT ACKNOWLEDGEMENT OF PLACEMENT ATTENDANCE

1. Students have the responsibility for maintaining their health and ensuring their regular attendance in clinical placement or internship.
2. St. Clair College is committed to a fair and consistent approach in attendance management. St. Clair College acknowledges that legitimate illnesses do occur which preclude a student from performing his/her regular duties.
3. The student will make every attempt to attend to personal affairs and obligations outside of placement hours.
4. In the event of an illness, the College expects the student to keep the Placement Personnel and Program Coordinator informed as to a likely return to placement date.
5. Sick calls are to be made only for an illness, injury, or family emergency which prohibit the student from attending. The call-in must be made by the student and not any other individual (unless the student is incapacitated).
6. A call-in must be made on each day of absence, unless an alternate arrangement has been made with the Placement Coordinator.
7. Absences for reasons other than illness need to be pre-discussed or at the earliest possible convenience, with the Placement Coordinator and Program Coordinator to determine an appropriate action plan for placement/course/internship completion.
8. To return to placement after a bona fide absence, students will be required to provide a documentation (where appropriate) to the Placement Coordinator, who will notify the Program Coordinator.
9. Appropriate documentation, including a doctor's certificate, a functional abilities evaluation and/or release of medical information will be required when:
 - a) A student will be off or has been off for more than three (3) consecutive working days.
 - b) A student has been previously advised in writing that such information is required for every absence.
 - c) For all injuries; work related or not
 - d) When requested by the Placement Coordinator and/or Program Coordinator
10. The College does not pay any fees associated with doctor's notes or Functional Limitations Forms.

11. The doctor's certificate will include the following information:
 - a) The physician's name & signature
 - b) Date of visit
 - c) Declaration the student is fit or unfit for clinical placement
 - d) Dates the student is being advised to remain away from placement
 - e) A return to work date, if possible
12. If a student requires accommodations, the appropriate documentation must be submitted to Student Services.
13. Faculty should not request detailed medical information or functional limitations information.

Procedure:

1. **Attendance** is compulsory and sick days must be made up at the discretion and convenience of the placement site. This may occur during Christmas or Winter Breaks, weekends, or by prolonging the internship if necessary (if available). In the case of absence, the placement must be notified no less than 15 minutes prior to start time.
2. The attendance of every student shall be monitored by the departmental supervisor in conjunction with the placement coordinator. Absenteeism in excess of 2 days during the placement period will result in a report from the Placement Coordinator to the Program Coordinator.
3. Upon receipt of an attendance report, the Program Coordinator will discuss the following with the student:
 - a) Review the student the number of occasions and days lost to date
 - b) Review the Educational Program's and Placement's expectations of regular attendance at work
 - c) Remind the student of the problems caused by absenteeism
 - d) Ask for student input to discussion
 - e) Set goals and timeframes with the student stating how he/she will improve his/her attendance
 - f) Indicate the student's attendance will continue to be monitored and if unsatisfactory, the clinical internship may be jeopardized
 - g) Where absenteeism may be related to accessibility reasons, the student is encouraged to see a counsellor
4. Any requests for further information from a health practitioner to support a student academically will initiate from discussions between a student and a counsellor only – and will include the expressed consent from the student.

The student acknowledges and warrants that he or she has read all parts of this agreement and fully understands its terms.

Signed this ____ day of _____, 20__, at _____, Ontario.

Signature of Student

Signature of Witness

Printed Name of Student

Printed Name of Witness