

Personal Care Attendant/Student Agreement Form

I, _____ (PCA FULL NAME, PLEASE PRINT), understand that I am being issued a Wheaton College Identification Card for the sole purpose of my role as a Personal Care Attendant, and that in the event I am no longer employed by this student, I will surrender my identification card and any keys that I have been issued to the Office of Public Safety immediately upon termination of my employment.

I also understand that while I am on campus performing my duties as a personal care attendant I am required to conduct myself in a courteous and professional manner, in accordance with Wheaton College policies and practices.

I am responsible for adhering to Wheaton College's code of conduct, as well as other college policies.

- I must park my vehicle in designated and identified parking areas, and am responsible for the payment of all parking fines incurred.
- I may participate in the college meal plan; the plan must be purchased by either the personal care attendant or the student/family.
- I will not be permitted to have guests in the college's facilities nor on campus at any time or under any circumstances.
- I will not be permitted to remain on campus while the student is away from campus for visits or during official school closures; for example, holiday/semester breaks. The personal care attendant and student/family should create a plan for a school closure due to an emergency or inclement weather when the student may remain on campus.
- I will not discuss any confidential information about the student with faculty, staff or other students
- I will complete and sign the Personal Care Attendant Agreement and ID Request each semester and adhere to the requirements within.
- I will remain outside of the classroom and wait for the student unless given permission by the Office of Disability Services.
- I will allow the student to take responsibility for his/her own progress and/or behavior. The PCA is expected to:

Refrain from contact with or asking questions of faculty, staff or others on behalf of student.

Refrain from intervening in conversations between the student and faculty, staff or other students.

Refrain from working on or completing any of the student's academic assignments.

I understand that I may be subject to removal from the residence halls, expulsion from the college campus, and loss of privileges or any other action that the college considers appropriate in the event the college decides that I have acted in a manner inconsistent with the above or if I have falsified any information in this agreement.

I also understand that my employment and service contract is between myself and the student/family and/or agency for whom I work, and that I have no employment relationship or contract with Wheaton College of any kind. In addition, I hereby release Wheaton College, its officers, and agents from and against any and all claims, demands, causes of action, orders, decrees, or judgments for injury, death, damage to person or property, loss damage, and liability (including all costs and reasonable attorney's fees incurred in defending any claim, demand, or cause of action) arising from my work for the student/family and/or agency for whom I work.

By signing this agreement, I confirm that I have submitted a copy of the required background investigation conducted by my employing agency and/or I will be responsible for submitting the appropriate documentation to the Coordinator of Disability Services I understand that I will also be responsible for paying the state application fee for the required background investigation. I am also certifying that I have read a copy of Wheaton College's Personal Care Attendant Policy and that all of the information about me on this form is correct and true.

Personal Care Attendant/Date

Coordinator Disability Services/Date

Student/WID/Date

Director of Residence Life/Date