



# TEACHER INTERN ORIENTATION/TRAINING CHECKLIST

Teacher Intern Name: \_\_\_\_\_

Semester: \_\_\_\_\_

**Instructions:**

1. The School Program Coordinator (SPC) will orient all new teacher interns to the areas listed below.
2. Teacher Intern will initial as each item is completed.
3. Both SPC and Teacher Intern will sign and date to confirm checklist completion.

	Orientation Item/Area	Notes	Teacher Intern Initials
<b>ARRIVAL/PREP</b>	<b>Arrival Procedures</b> <ul style="list-style-type: none"> <li>• Ground floor – 8:45am</li> <li>• Storing personal belongings</li> <li>• Student badges &amp; masking</li> </ul>		
	<b>Patient Assignments/Morning Huddle</b> <ul style="list-style-type: none"> <li>• Discuss pt. history &amp; ed. needs</li> <li>• Review pt. encounter logs</li> <li>• Teacher floor assignments</li> </ul>		
	<b>Daily Schedule</b> <ul style="list-style-type: none"> <li>• Planning/Prep</li> <li>• Bedside/Classroom Instruction</li> <li>• Professional Learning</li> </ul>		
<b>HOSPITAL TOUR</b>	<b>Floor 1 (Lobby &amp; Main Floor)</b> <ul style="list-style-type: none"> <li>• Café &amp; Gift Shop</li> <li>• Cafeteria</li> <li>• Family Resource Center (FRC)</li> </ul>		
	<b>Floor 3 (Intensive Care)</b> <ul style="list-style-type: none"> <li>• PICU</li> <li>• Overflow Unit</li> <li>• NICU</li> </ul> 		
	<b>Floor 4</b> <ul style="list-style-type: none"> <li>• Infusion Center</li> <li>• 4A &amp; 4B (Acute Care)</li> <li>• 4C (Hem/Onc)</li> </ul>		
	<b>Floor 5</b> <ul style="list-style-type: none"> <li>• 5A &amp; 5B (Acute Care)</li> <li>• 5C (Inpatient Rehab)</li> <li>• Staff Lounge</li> </ul>		
	<b>Floor 6 (Intensive Care)</b> <ul style="list-style-type: none"> <li>• CICU</li> </ul> 		

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	Orientation Item/Area	Notes	Teacher Intern Initials
<b>PATIENT &amp; FAMILY INTERACTIONS</b>	<b>Gel in/Gel out Procedures</b> <ul style="list-style-type: none"> <li>• Always gel in/gel out!</li> <li>• Gel in before putting on PPE</li> </ul>		
	<b>Introducing Self &amp; Services</b> <ul style="list-style-type: none"> <li>• State name</li> <li>• Convey job function</li> <li>• Explain purpose of visit</li> </ul>		
	<b>Personal Protective Equipment</b> <ul style="list-style-type: none"> <li>• Always check signage!</li> <li>• Remove all PPE (except for mask) before leaving room</li> </ul>		
	<b>Transporting Patients</b> <ul style="list-style-type: none"> <li>• Ask nurse first!</li> <li>• Ask nurse/tech/parent to transfer to wheelchair, if needed.</li> <li>• Pts on isolation precautions are unable to leave room.</li> </ul>		
	<b>Educational Needs Assessment</b> <ul style="list-style-type: none"> <li>• Obtain school info, ed. needs &amp; determine academic goals</li> <li>• Administer interest inventory</li> </ul>		
	<b>Patient Room Equipment</b> <ul style="list-style-type: none"> <li>• Nurse call button</li> <li>• TV/lights</li> <li>• PPE &amp; cleaning wipes storage</li> </ul>		
<b>CLASSROOM RESOURCES/GUIDELINES</b>	<b>Cleaning &amp; Sanitation</b> <ul style="list-style-type: none"> <li>• Consumable vs. reusable</li> <li>• Dishwasher use for small items</li> <li>• Wipe tables &amp; chairs after pt. use</li> </ul>		
	<b>Food/Water/Restroom Guidelines</b> <ul style="list-style-type: none"> <li>• Store all food &amp; beverages in refrigerator</li> <li>• No eating in the classroom!</li> </ul>		
	<b>Photo Release Forms</b> <ul style="list-style-type: none"> <li>• Obtain a new form for each pt. admission/clinic visit</li> <li>• Send photos to SPC via GroupMe</li> </ul>		

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	Orientation Item/Area	Notes	Initials
<b>CLASSROOM RESOURCES/GUIDELINES (continued)</b>	<b>Classroom Schedule</b> <ul style="list-style-type: none"> <li>Used to keep track of when patients will be brought to the classroom</li> </ul>		
	<b>Patient Folders</b> <ul style="list-style-type: none"> <li>For long-term patients</li> <li>Organized by floor</li> <li>Can be brought in/out of pt. rooms</li> </ul>		
	<b>Teaching Activity Bin</b> <ul style="list-style-type: none"> <li>Organized by target skill</li> <li>Laminated activities for grab-and-go use</li> </ul>		
	<b>Technology Use</b> <ul style="list-style-type: none"> <li>Ipads</li> <li>Check-in &amp; Check-out</li> <li>Dash, Ozobot, &amp; AR/VR</li> </ul>		
	<b>Patient Encounter Logs/Documentation</b> <ul style="list-style-type: none"> <li>Complete one log for each pt. encounter</li> <li>Submit to SPC before leaving for the day</li> </ul>		
	<b>OBSERVATIONS/ EVALUATIONS</b>	<b>Formal Observations</b> <ul style="list-style-type: none"> <li>See calendar for dates</li> <li>Submit formal lesson plan 24 hours in advance</li> </ul>	
<b>Final Evaluation Meeting</b> <ul style="list-style-type: none"> <li>Complete Intern Self-Evaluation in preparation for meeting</li> </ul>			
<b>Complete Placement Checklist</b> <ul style="list-style-type: none"> <li>To be signed by SPC/ST during the final week of internship</li> </ul>			

Teacher Intern Signature: \_\_\_\_\_  
(signature)

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

School Program Coordinator: Rebeca Grysko  
(signature)