



Work-Based Learning Program
Training Agreement & Employment Verification Form
Due September 1 – Return to High School Counseling Office

This work-based learning program training agreement and employment verification form is an agreement between the employer, student, parent and school.

The **employer** trains the student for specific tasks on the job and provides as many different learning experiences as possible throughout the year.

The **school** will provide the student with opportunities for training in the basic skills of the occupation and the technical information related to it.

The **student** agrees to maintain the academic and attendance policies required by the school and observe company rules and other requirements identified by the employer, and participate in quarterly progress reviews.

The **parent or guardian** signature indicates consent for the student-trainee to work and to study through the Work-Based Learning program.

Student Personal Information

Student Name: _____ **Student Cell #:** _____

Parent(s): _____ **Home Phone#:** _____

Address: _____

Student Email: _____ **Parent Email:** _____

Counselor: _____ **Employer:** _____

Student's Job: _____

Supervisor: _____ **Email:** _____

Address: _____ **Work Phone#:** _____

Other Notes: _____

Program Goals & Responsibilities

Goals/Objectives for Work-Based Learning Program:

1. To provide students with opportunities for career exploration.
2. To assist students in developing attitudes of self-confidence and feelings of individual worth.
3. To assist students in making the transition from school to work.
4. To provide students with opportunities for self-management, initiative, decision-making and meaningful contact with people in the work force.

Student Semester Schedules

First Semester Class Schedule:

Please use the space below to list your current course schedule for first semester and please list ***“Work-Based Learning”*** on the lines provided for which you will be reporting to work.

1st Hour: _____

2nd Hour: _____

3rd Hour: _____

4th Hour: _____

5th Hour: _____

6th Hour: _____

7th Hour: _____

Second Semester Class Schedule:

Please use the space below to list your current course schedule for second semester and please list ***“Work-Based Learning”*** on the lines provided for which you will be reporting to work.

1st Hour: _____

2nd Hour: _____

3rd Hour: _____

4th Hour: _____

5th Hour: _____

6th Hour: _____

7th Hour: _____

NOTE: STUDENT MUST REPORT TO WORK EACH SCHOOL DAY WHEN RELEASED FROM SCHOOL! HOURS WORKED WILL BE VERIFIED EACH WEEK BY YOUR SUPERVISING CTE TEACHER!

School Counselor agrees to:

1. Review the requirements of the work-based learning program with the student prior to registering the student for the course.
2. Verify the student has taken Career and Employability Skills *or* is currently enrolled in the Career & Employability Skills course prior to registering the student for the course.

My signature below acknowledges that I have read and agree to the conditions stated above.

_____ Date _____

(School Counselor Signature)

Student Employee agrees to:

1. Attend school regularly with the understanding the student **CANNOT** report to work on days when he/she does not attend school.
2. Maintain satisfactory grades in all subjects in order to remain eligible for the program.
3. Remain with the original employer throughout the school year, unless a change is approved by the Work-Based Learning supervising teacher.
4. Report promptly to work and engage in their assignment according to the training schedule and display a willingness to learn.
5. Cooperate with the employer and engage in the assignment as a training experience.
6. Follow all rules and policies of his/her place of employment and the school including dress codes, safety rules, attendance, punctuality and citizenship.
7. Notify the school and employer in advance when absence is unavoidable.
8. Furnish the coordinating teacher with all necessary information and complete all necessary reports.
9. Abide by the rules and regulation of the employer.
10. **Keep all information of the business confidential.**
11. Be on the job every scheduled day, barring illness, and work at the job even when school is not in session.

My signature below acknowledges that I have read and agree to the conditions stated above.

_____ Date _____

(Student Signature)

Parent or Guardian agrees to:

1. Be responsible for the conduct of the student while participating in the program.
2. Be responsible for the method of transportation and for the student in delivery to and from their place of employment.
3. Provide time for conferences with the coordinating teacher.
4. Become knowledgeable concerning the purposes and procedures of the training program.

My signature below acknowledges that I have read and agree to the conditions stated above.

_____ Date _____

(Parent/Guardian Signature)

Employer agrees to:

1. Adhere to all child labor laws.
2. Provide a training program with varied experiences which will contribute to the education of the student.
3. Provide supervision for the training of the student.
4. Provide for the day-to-day safety of the student on the job.
5. Pay the student minimum wage or higher.
6. Participate in evaluations of the student's performance.
7. Provide employment for the student during the agreed times as follows:

In order to be eligible for early release and participation in the Work-Based Learning Program, students need to be scheduled to work **during** the school day each day school is in session. *Example:* A student being released from school for hours 6 and 7 (approximately 1:15 p.m. – 3:00 p.m.) needs to report to work on a **daily** basis at the end of 5th hour. For days school is not in session (such as teacher professional development days and holidays), the employer may choose to offer the student additional hours of employment

My signature below acknowledges that I have read and agree to the conditions stated above.

_____ Date _____

(Employer Signature)

CTE Coordinating Teacher agrees to:

1. Encourage the student to complete weekly assignments in a timely manner.
2. Assist the employer in establishing the training program.
3. Assist the employer with student evaluations, including requesting the completion of one formal and one informal evaluation per quarter of the school year.
4. Make every attempt to solve problems that may arise.
5. Provide meaningful in-school instruction related to the training activities of the student.
6. Provide general safety instructions to assist the student.

My signature below acknowledges that I have read and agree to the conditions stated above.

_____ Date _____

(CTE Coordinating Teacher Signature)

ALL STUDENT MUST OBTAIN A WORK PERMIT BEFORE STARTING WORK!

The employer will comply with the provisions of Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964 by not discriminating on the basis of sex, handicap, race, color, or national origin in its treatment and assignment of students to jobs, hours of employment, levels of responsibility, and pay.