

## Work-Based Learning Training Agreement/Non-CTE Program

|   | earner Info   |                                      | ame:                            |   | Middle Initial.            |                              |                           |
|---|---|--------------------------------------|---------------------------------|---|----------------------------|------------------------------|---------------------------|
| Home Address:   |   |                                      |                                 | Middle Initial: Student ID:<br>Cell Phone Number: |                            |                              |                           |
| Birth Date:   |   | Email A                              |                                 |   | IDer:                      |                              |                           |
| School Dis  | strict Inform   |                                      | ol Address:                     | <u>19501 Outer D</u>                              | r Counsel                  | or:                          |                           |
| Employer  | Informatio  |                                      |                                 |   |                            |                              |                           |
| Supervisor(s)   | /Manager First  | and Last Name:                       |                                 |   |                            |                              |                           |
| Address:  |   |                                      |                                 | City:   |                            | Zip:                         |                           |
| Phone Number  | er of Business:   |                                      |                                 | Phone Nun   | nber of Supervis           | sor:                         |                           |
| Email Addres  | s of Supervisor   |                                      |                                 |   |                            |                              |                           |
| Name of Wor   | ker'ș Disability  | Policy Carrier:                      |                                 | Expiration Date:                                  |                            |                              |                           |
| Name of Liab  | ility Insurance I   | Policy Carrier:                      |                                 |   | Expiration Date:           |                              |                           |
| Type of Placement (check one): Paid Unpaid [If this is an unpaid work-based learning experience, specifi unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement. Job Title: Date Employment Begins: Date Employment Ends: Appropriate safety instruction has been provided by the school or employer: (initials of coordinator Dates of Safety Training: |   |                                      |                                 |   |                            |                              | placement.]               |
| Work Schedu   |   |                                      |                                 |   |                            |                              |                           |
| Start Time  | Sunday  | Monday                               | Tuesday                         | Wednesday   | Thursday                   | Friday                       | Saturday                  |
| End Time  |   |                                      |                                 |   |                            |                              |                           |
| Students under  | er Day*:<br>oute to more tha<br>age 18.<br>edit hours to be | Ma:<br>n ½ of the stude;<br>granted: | x. Hours Per W<br>nt's FTE. **W | eek**:<br>ork and school I                        | Start                      | ing Wage:<br>ceed 48 hours j | per week for              |
|   |   | cademic course:                      |                                 |   |                            |                              |                           |
| Training P<br>IN ORDER FO<br>BEING PLAC   | <b>Plan</b><br>OR THIS TRAI<br>ED MUST BE                   | NING AGREEN                          | IENT TO BE V                    | VALID, A RELA<br>IE SPECIFIC PE                   | ATED TRAINII<br>ERFORMANCE | NG PLAN FOI<br>E ELEMENTS,   | R THE PUPIL<br>JOB SKILLS |

□ Attached

THAT THE STUDENT WILL BE LEARNING.

## Student Responsibilities

- 1. Transportation to and from off-site placement is the student's responsibility.
- Student is committing to the placement for the duration of the experience. Failure to complete the assigned experience will result in loss of credit for this assignment.
- 3. Student cannot change placement during the semester. Any changes in employment must be addressed with co-op coordinator/supervisor immediately.
- 4. Student will maintain excellent attendance and punctuality.
- If the student is going to be late or absent, he/she must notify his/her mentor at the off-site facility as well as his/her CTE teacher. Failure to do
  so is cause for immediate removal from the off-site placement.
- 6. Student must maintain all required paperwork and documentation.
- 7. Student is required to complete weekly work hour reports to the coordinator. Failure to complete these required hour reports will result in the student failing the work experience.
- 8. Student will respect patient privacy, comfort and confidentiality at all times (HIPPA).
- 9. Student will follow appropriate dress code as directed by the facility and/or their instructor.
- 10. Should any problems arise at work or school that may affect the student's placement, the student should notify the coordinator immediately.
- 11. Student will adhere to all safety requirements specific to this placement as identified by MI-OSHA and his/her supervisor.

## School Responsibilities

- 1. Placement relates to student's career goals and interests.
- 2. The CTE teacher will acquire input from the off-site facility to help determine the student's participation grade.
- 3. The placement relates to the student's career/education goals as outlined in their education development plan (EDP).
- 4. The vocationally certificated teacher/coordinator makes at least one visit, every six weeks, to the training site.
- 5. Student is regularly supervised by certified staff, and provide instruction in areas of skill attainment and work safety.
- 6. High school completion credit is granted upon successful completion of the placement.
- 7. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.

## **Employer/Placement Site Responsibilities**

- 1. Inform student of all necessary rules, regulations and procedures.
- 2. Supervise the student and assist in improving their performance.
- 3. Provide a safe workplace free of obvious hazards or dangers that could cause potential injury or harm to the student.
- 4. Verify the student hours by signing their log sheet.
- 5. Evaluate the student's performance using the specific performance elements indicated in the training plan.
- 6. The employer will provide the trainee with the broadest occupational experience in keeping with the job duties listed in the training plan and provide specific instruction on the use of any equipment or materials related to job duties. Documentation of this instruction should be maintained in the trainee's employment file.
- 7. The employer will ensure the student learner's employment activity is supervised by an experienced and qualified person (work-based mentor), and will complete trainee performance evaluations and verify attendance as required.
- 8. A written evaluation of student performance will be completed based on the performance elements and job skills listed in the training plan.
- 9. The employer will provide a training site that is free of obvious hazards that could cause potential injury or harm to the student.
- 10. The employer will provide safety training for the position in which the student is employed.

The signature of the employer below certifies that the employment of the student learner will conform to all federal, state, and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability.

| Student's Signature               | Date: |
|-----------------------------------|-------|
| Parent's Signature                | Date: |
| Employer Signature                | Date: |
| Principal or Designee             | Date: |
| Vocationally Certificated Teacher | Date: |

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, it is the policy of the Dearborn School District that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, or marital status, be excluded from participation in, be denied benefits of, or be subject to discrimination during any activity or in employment.