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**Worksite-Learning Training Agreement**

School District Name

Optional Resource

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| This template may be used as a planning component for Perkins 5S3 Program Quality – Participation in Work-Based Learning in the Comprehensive Education Data and Research System (CEDARS) **Element E16 – Student Work-Based Learning Activities** in the Student Schedule File and **Element H32 – Student Work-Based Learning Activities** in the Grade History File valid values (1) Career Research and Job Interview/Job Shadow in Course Related Area, (2) Guest Speaker Series with Assigned Career Mentors or Structured Field Trip to Related Job Site, (3) School Based Enterprises, (4) Placement/Unpaid Internship (Minimum 20-hour experience), (5) Placement/Paid Internship, (6) Apprenticeship Preparation Program/Registered Apprenticeship, (7) Ownership/Entrepreneurship, and (8) Health Care Clinical. | | | |
| **Contact Information:** | | | |
| **Student Name:**  Click or tap here to enter text. | **Course CIP:**  Click or tap here to enter text. | | **Course Title:**  Click or tap here to enter text. |
| **School Name:**  Click or tap here to enter text. | **Instructor Name:**  Click or tap here to enter text. | | **Agreement Effective School Year:**  Click or tap here to enter text. |
| **WBL Experience Information:** | | | |
| 1. **Description:** List all roles and responsibilities the student will have.   Click or tap here to enter text.   1. **Resources and materials:** List items that will be required for the WBL experience and note who (e.g., student, teacher, parent/guardian, employer) will provide the items.   Click or tap here to enter text.   1. **Profit/Loss Responsibility:** If the WBL experience includes the potential for a profit or loss, describe who will receive the profit or incur the liability.   Click or tap here to enter text.   1. **Risk Assessment:** Identify any safety issues that need addressed.   Click or tap here to enter text. | | | |
| **Student Responsibilities:** | | | |
| * Complete all required forms. WSL hours cannot be counted towards credit until paperwork is completed and signed. * Provide your own transportation to and from the jobsite using public transportation or in a legally licensed and insured vehicle. * Correctly document all hours worked. * Become familiar with and conform to all student employee regulations and policies set forth by the employer and the coordinator. * Notify the Worksite Learning Coordinator within 24 hours if there is a change of work hours or if termination occurs. * Notify the school and employer by a designated time regarding a school absence. When a student is absent, he/she/they is not permitted to report unless advance permission has been given by the instructor. * Demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper health, grooming habits, and abide by the dress code while at the learning/training site. * Consult the instructor about any difficulties related to placement at the worksite. * Understand that short and long-term school suspension policies will also apply to the Worksite Learning program. Be aware that if the student is expelled, he/she will be in violation of the agreement and the agreement will be terminated. | | | |
| **Parent/Guardian Responsibilities (if student is under 18 years old):** | | | |
| * Assume responsibility for the conduct and safety of the student from the time they leave school until reporting to work and from the time they leave the work site until returning to school or home. The school district assumes no responsibility or liability for student’s travel, conduct, or safety once the student leaves school grounds. * Encourage the student’s active participation, punctuality, attendance, and personal growth in this program. * Support this agreement during the student’s participation in the work-credit program. | | | |
| **Worksite-Learning Coordinator Responsibilities:** | | | |
| * Contact the employer/supervisor at the learning worksite periodically and become acquainted with the immediate job-site supervisor. * Become familiar with the nature of the work that the student is expected to perform and assist the student if conflicts arise which may be detrimental to success on the job. * Resolve any problems that arise from the student’s employment. | | | |
| **Employer Responsibilities:** | | | |
| * Comply with state and federal guidelines and regulations concerning health & safety, nondiscrimination, harassment, work rules for minors, and employee rights. * Comply with the nondiscrimination statement listed on the back of this agreement. * Provide the student employee with the same considerations given a regular beginning employee about safety, health, social security, general working conditions, and other regulations of the organization. Employer shall adhere to all federal and state wage and hour laws. * Monitor the number of hours worked by the student. The maximum working hours are dependent upon the student’s ability to work and still maintain satisfactory grades and comply with State L & I regulations. * Notify the coordinator of any problems the student is having on the job when, in the employer's opinion, the existing situation could be detrimental to the student’s continued employment. * Confer with the coordinator regarding the student’s on-the-job performance and complete and return to the coordinator progress reports for grading the student. * Verify student work hours. | | | |
| **Please Sign and Date:** | | | |
| **Student:** Click or tap here to enter text. | | **Date:** Click or tap to enter a date. | |
| **Parent/Guardian:** Click or tap here to enter text. | | **Date:** Click or tap to enter a date. | |
| *Student is 18 years of age and does not require Parent/Guardian Signature.* | | | |
| **Worksite-Learning Coordinator:** Click or tap here to enter text. | | **Date:** Click or tap to enter a date. | |
| **Employer 1:** Click or tap here to enter text. | | **Date:** Click or tap to enter a date. | |
| **Business Name:** Click or tap here to enter text. | | | |
| **Business Address:** Click or tap here to enter text. | | **City, State, and Zip:** Click or tap here to enter text. | |
| **Supervisor Phone:** Click or tap here to enter text. | | **Supervisor Email:** Click or tap here to enter text. | |
| **Employer 2:** Click or tap here to enter text. | | **Date:** Click or tap to enter a date. | |
| **Business Name:** Click or tap here to enter text. | | | |
| **Business Address:** Click or tap here to enter text. | | **City, State, and Zip:** Click or tap here to enter text. | |
| **Supervisor Phone:** Click or tap here to enter text. | | **Supervisor Email:** Click or tap here to enter text. | |