Worksite Learning Agreement
CENTRAL VALLEY SCHOOL DISTRICT

Agreement Checklist

Student/Parent/Guardian Responsibilities (Instructor is responsible for addressing all areas.)

___ complete all paperwork prior to participation in program (see checked items on this list)
___ provide proof of medical insurance; parent provided coverage or student medical coverage plan provided through school district (page 2)
___ provide student emergency medical information including emergency phone contacts and emergency medical care authorization (page 2)
___ determine transportation; complete informed consent forms (page 3)
___ provide proof of auto insurance if providing own transportation
___ agree to follow all requirements outlined in this Worksite Learning Agreement (pages 2 through 4)
___ work towards completion of the objectives outlined in the Worksite Learning Plan in a timely manner

Worksite Learning Coordinator/Classroom Teacher Responsibilities

___ monitor progress of Worksite Learning Plan per state guidelines
___ visit the learning site (as defined by state guidelines) to monitor program and learning/work activities
___ connect relevant school-based learning to worksite learning through written or activity assessment
___ determine learning site's understanding of compliance state and federal nondiscrimination regulations, fair labor practices, and human resources guidelines
___ conduct program orientation, complete all paperwork prior to student participation and distribute copies as indicated
___ conduct site qualification to observe learning area and review general safety and health conditions
___ provide medical authorization and emergency contact numbers to worksite learning supervisor
___ determine level of training and supervision provided to student, including occupational safety and health training particular to each training site
___ instruct students in appropriate workplace dress, behavior, basic worksite safety and confidentiality
___ instruct students to whom they should report work place concerns or problems
___ instruct students in rights and responsibilities including minor work laws
___ coordinate with district/learning site to make reasonable accommodation for special needs students, when necessary
___ provide “first language” translation to applicable students and/or parents when required
___ agree to follow all requirements outlined in this Worksite Learning Agreement
___ document all accidents and injuries and report to district risk management in a timely manner
___ secure all paperwork, including Worksite Learning Plan, before credit and/or grades are issued
___ consult with Learning Site representative to evaluate student performance as per Worksite Learning Plan

Learning Site Responsibilities (Owner, Training Supervisor and Job Mentor)
(Instructor, please review with learning site representative)

___ comply with federal and state labor and industry regulations
___ provide students with safe working environment (condition of premises) & any required personal protective equipment
___ provide job specific training for student, including safety orientation and injuries
___ provide co-workers with information concerning working with young students
___ provide a site-specific orientation for the student
___ maintain liability insurance
___ supervise students while at learning site and monitor employees who have direct contact with students
___ consult with Worksite Learning Coordinator concerning the student’s Worksite Learning Plan
___ verify attendance and/or time records and provide feedback regarding performance and skill attainment
___ student will in no way violate any collective bargaining agreement between the learning site and regularly scheduled employees

Forms and programs recommended by
S.A.P.T.A.C.

Spokane Consortium for Career & Technical Education

Providing Leadership for Career and Technical Education and School-to-Career Transition
Central Valley S.D. □ Chelan S.D. □ Deer Park S.D. □ East Valley S.D. □ Freeman S.D.
Nine Mile Falls S.D. □ Riverside S.D. □ Mead S.D. □ Spokane S.D. □ West Valley S.D. □ Spokane Skills Center
# PROGRAM AGREEMENT

Student

<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Teacher</th>
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<table>
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<tr>
<th>Address</th>
<th>Phone</th>
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DOB / / SSN - - - - Start Date - - End Date

Parent/Guardian

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
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Emergency Numbers: Work Pager Cellular

Alternate Contact

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<tr>
<th>Address</th>
<th>Phone</th>
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Learning Site

<table>
<thead>
<tr>
<th>Address</th>
<th>Assigned Dept.</th>
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<table>
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<tr>
<th>Worksite Learning Supervisor</th>
<th>Phone</th>
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<table>
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<tr>
<th>Back-up Supervisor</th>
<th>Phone</th>
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School Worksite Learning Coordinator

| Phone |

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**ASSURANCE OF ACCIDENT INSURANCE**

- **Check if student is at a Paid Worksite OR if accident insurance is provided by a Non-Paid Learning Site**

  (NOTE: It is strongly recommended that non-paid learning sites provide students with volunteer workers' compensation insurance)

- **Check if NOT provided by Non-Paid Learning Site AND Fill out information below**

  The parents, student and prospective Worksite Learning Supervisor understand that even though this is a non-paid position, the student will perform functions which may involve risk or injury as if he/she were a paid employee. To assist families, an optional Student Accident Insurance is recommended. *Initial the appropriate statement:*

  1. Student is currently enrolled in the Student Accident Insurance (request information and complete registration forms prior to signing this form if this is the insurance coverage to be maintained)
  2. Student is not enrolled in the Student Accident Insurance, we carry our own private insurance.
  3. Name of Insurance Company __________________________ Policy # ________________
  4. Other Explain: __________________________
  5. I wish for my daughter/son to participate in this program. I do not have private medical coverage and do not elect to subscribe to the insurance offered by the school district. I am aware that any liability for injury is my responsibility.

**CONSENT TO TREATMENT**

This worksite learning activity provides a learning experience for the students and allows them an opportunity to apply their classroom instruction. I am fully aware of the special risks and/or dangers inherent in participating in this activity.

1. In the event of illness or accident, I understand reasonable efforts will be made to contact the parent/guardian or the emergency contact immediately. If not available, I authorize school district or worksite learning personnel to transport my student and to secure emergency medical care as needed on my behalf. I agree to be responsible for the cost of any medical services and to reimburse Central Valley School District or the learning site for medical expenses they incur on behalf of my child.

**Special medical conditions** that would restrict or prevent my child from participating in scheduled activities are:

Medications Being Taken/Treatment Restrictions/Allergies

2. I release Central Valley School District and __________________________ from any claims my child might have for injuries or damage resulting from the risks and dangers involved in this type of activity unless caused by the sole negligence of Central Valley School District or __________________________

Page 2 Parent/Guardian Signature __________________________ Date __________
CONFIDENTIAL RELEASE OF INFORMATION
This worksite learning activity provides on-site employment training to students. In order to meet the needs of the students, it is important to share some information about your student with the worksite learning supervisor. Only information specific to the student's individual needs and to their worksite learning experience will be shared with the worksite learning supervisor.

The Worksite Learning Programs of Central Valley School District have my permission to provide pertinent confidential information to the worksite learning supervisor that will guide in the development of skills necessary for my student's learning/training and safety at the learning worksite. I understand that the information provided will be treated in a confidential manner. The information that will be provided is indicated below:

- Basic Academic Skill Levels
- General Behavioral Concerns/Needs
- Physical/Medical Needs
- Other

_____ I give my consent _____ I do not give my consent

Parent/Guardian Signature ____________________________ Date __________

PARENT/GUARDIAN ELECTIVE COURSE OR PROGRAM
STUDENT TRANSPORTATION AGREEMENT

Name of Student (Please Print) ____________________________ Name of Parent/Guardian (Please Print) ____________________________

Name of Career Tech Ed course or program ____________________ Indicate semester or quarter ____________________ School year ____________________

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective course or program identified above. I understand that the curriculum or programmatic requirements of this course or program may require my student to attend activities away from his or her school campus, as follows:

Off-campus location: ____________________________________________

Schedule for off-campus program:
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I understand that the District will not provide transportation for my student's participation in the off-campus activities of this elective course or program. I understand that I am therefore responsible for arranging my student's transportation to and from the off-campus activities.

I affirm that any decision I make to allow my student to ride to the off-campus activities in a vehicle driven by anyone other than me (including one driven by my student himself or herself) is a decision to be made solely by me, based upon my discretion as a parent or guardian and my own assessment of the safety of allowing such transportation to occur.

In requesting that my student be allowed to participate in this elective course or program, I agree and affirm that no person shall be considered to be acting as an agent or servant of the District, in any respect for any purpose, whatsoever, while driving my student to or from this elective course or program. Should any claim be made against the School District based on the driving conduct of any person transporting my student to or from the off-campus activities involved in this elective course or program, I hereby agree to defend, indemnify, and hold the District harmless as to such claim.

Parent/Guardian Signature ____________________________ Date Signed __________

If student is providing her/his own transportation:

Name of Insurance Company ____________________________ Policy # ____________

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Having carefully read and completed the preceding three pages, the student learner and parent/guardian agree to accept the following responsibilities:

1. Maintain regular attendance in school and on the job and to notify the school program coordinator and worksite learning supervisor prior to any absence.

2. Show honesty, punctuality, a cooperative attitude, proper grooming/dress, and willingness to learn.

3. Consult with school program coordinator and/or employer about any problems in a timely manner.

4. Submit verified documentation of hours at the learning site to the Worksite Learning Coordinator and complete the necessary forms for school credit purposes as required.

5. Conform to all rules and regulations of the learning site and agree to maintain confidentiality.

6. Provide support for the student's active participation, punctuality, and personal growth in the program.

7. Complete a release of student and/or medical records (see page 2).

8. Maintain satisfactory performance as identified in the Worksite Learning Plan.

9. Parent/guardian must approve method of transportation (see page 3).

10. Report on-the-job accidents or illnesses to the worksite learning supervisor and school district staff immediately and complete appropriate forms.

11. Allow worksite learning supervisor/school program coordinator to discuss progress, concerns, etc. pertinent to the student.

12. The parents/student understand the work will be conducted in a true working environment and not a school environment and that the student will be working with others who have not had the background screening typically conducted at the schools.

13. I am fully aware of the special risks and/or dangers inherent in participating in this activity.

I agree to comply with the rules of the (learning site) worksite learning experience and to maintain my attendance and citizenship. I realize failure to comply with worksite learning rules may result in my removal from program participation.

Student/Learner Signature

Parent/Guardian Signature

I give my consent for the above named student to participate in the worksite learning experience at the (learning site) in a true working environment and not a school environment. I will collaborate with the school to ensure student enthusiasm as well as good attendance and punctual habits.

Each party shall defend, indemnify and hold the other party, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of injuries and damages caused by each party's own negligence.

Nondiscrimination/Anti-Harassment. In the performance of this Agreement, the parties assure compliance with state and federal guidelines and regulations regarding nondiscrimination and harassment involving any employee/student on the basis of race, color, gender, religion, national origin, creed, marital status, age, sexual orientation, pregnancy, or the presence of any sensory, mental, or physical disability in employment, services, or any other benefits under the Agreement.

In-District Resource Personnel

Risk Management .......................................................................................................................... Jan Hutton 228-5461
Director –Career & Technical Education .................................................................................. Susan Christenson-Fuhrman 228-5431
Special Education Forms & Requirements ................................................................................. Melissa Danelo 228-5500
Student Insurance ....................................................................................................................... Jan Hutton 228-5461
SAPTAC’s General Advisory Council. For further information contact the Career and Technical Education Director of any participating school district.