

Unpaid/In-District CTE and Transition Placement Agreement Sample (9/2021)

School District: _____

School Year: _____

IN-DISTRICT PLACEMENT AGREEMENT

[The format of this form is optional and may be adopted or adapted as needed for school district use]

IMPORTANT: In-District (In-School) Placements can only be one of the following (check one):

- CAREER AND TECHNICAL EDUCATION (CTE) STATE-APPROVED WORK-BASED LEARNING
(Grades 11 and 12 only) [PAID OR UNPAID]

Program serial number (PSN) of related state-approved CTE program: _____

Name of Related State-Approved CTE Program: _____

These CTE placements must be those specific scenarios that are listed in Section 5P of the Pupil Accounting Manual.

If the PSN and CTE Program Name are not filled in, this WILL result in an FTE deduction

- SPECIAL EDUCATION TRANSITION SERVICES (Grades 9 and above). – [UNPAID ONLY]

A copy of the pupil's transition services plan (part of an IEP) must be attached to this agreement and must directly relate to the placement as outlined in the postsecondary career and employment goals and objectives. Failure to meet this criteria WILL result in an FTE deduction.

Student/Learner Information

Last Name: _____ First Name: _____ Middle Initial: ____ Grade: _____

Home Address: _____ Telephone Number(s): _____

Birth Date: _____ Emergency Contact Information: _____

In-District Assignment Information

Type of Placement (check one): Paid Unpaid [If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement.]

In-District Placement Assignment: _____ Date Placement Begins: _____

Date Placement Ends: _____

_____ Date of Safety Training that has been provided by the school or the employer.

Hours to be worked (cannot exceed 24 hours per week when school is in session for students ages 16 & 17):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Total Classes/Hours Per Day: _____ Total WBL Hours Per Day: _____ Starting Wage (if paid): _____

- Student is eligible to receive credit.

Dates of Site Visits (Must minimally be conducted every nine weeks after the initial visit for a student in an in-district CTE placement and every 30 days for a student receiving special education/transition services)

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

[Note: Site visits must be conducted and documented; however, it is not a mandated training agreement component]

Training Plan

IN ORDER FOR THIS TRAINING AGREEMENT TO BE VALID, A RELATED TRAINING PLAN FOR THE PUPIL BEING PLACED MUST BE ATTACHED OUTLINING THE SPECIFIC PERFORMANCE ELEMENTS/JOB SKILLS THAT THE STUDENT WILL BE LEARNING. Training plans for state-approved CTE programs must be developed from the related CTE program standards found on [the CTE Instructional Resources](https://www.michigan.gov/mde/0,4615,7-140-2629-540254--,00.html), by Career Cluster webpage: <https://www.michigan.gov/mde/0,4615,7-140-2629-540254--,00.html>. Select the related Federal Cluster and then select the specific CTE program. [If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement.]

Student Responsibilities [Local district determines these responsibilities]

1. Complete work assignments in a timely manner.
2. Complete activity log sheets on a regular basis.
3. Complete work hours verification on a regular basis.
4. Be in assigned location on days and times scheduled.
5. Follow school’s health and safety work rules.
6. Abide by all policies and procedures of the program, school district, and the school building.
7. Maintain good attendance in school.
8. Maintain grades in all subject areas.
9. Bring assignment/work problems to attention of the vocationally certificated teacher/coordinator.

School Responsibilities [Local district determines these responsibilities]

1. The placement relates to the student’s career/education goals as outlined in their education development plan (EDP).
2. Program operates during the school day on school premises.
3. The vocationally certificated teacher/coordinator makes at least one visit, every nine weeks, to the in-district placement training site.
4. Student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
5. The pupil is eligible to receive credit towards a high school diploma for the work-based learning experience
6. Daily attendance is recorded.
7. The program must not violate the Fair Labor Standards Act, the Youth Employment Standards Act and any other 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.
8. The program is designed primarily for the benefit of the student; assignments are progressive in nature; no wage entitlement; students do not displace district employees.
9. Students may not assist or work for independent contractors or vendors of the school district.

Student Signature	Date
Parent or Legal Guardian Signature	Date
Certificated Teacher/Coordinator Signature (If Related to State-Approved CTE Program, Teacher Must Be Vocationally Certificated)	Date
Principal or Designee Signature	Date

NOTICE OF NONDISCRIMINATION: It is the policy of the _____ School District not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Administrative Assistant, 222 Education Avenue, _____, MI 48888, (313) 555-8888. Upon request to the school district superintendent, the district shall make reasonable accommodations for a person with disabilities to be able to participate in this program.

Required Attachment: Training Plan
 Required Attachment (Transition Services Only): Pupil’s Transition Services Plan