

Work-Based Learning Training Agreement/State-Approved CTE Program

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

Student/Learner Information

Last Name: _____ First Name: _____ Middle Initial: ____ Grade (11-12 Only): _____
 Home Address: _____ Telephone Number(s): _____
 Birth Date: _____ Emergency Contact Information: _____

School District Information

School District Name: _____ School Address: _____
 Vocationally Certificated Teacher/Coordinator: _____
 Telephone Number(s): _____

Employer Information

Name of Business: _____	Supervisor: _____
Address: _____	Phone: _____
City: _____	Zip: _____
Worker's Disability Carrier: _____	Policy No.: (local determination) _____
Liability Insurance Carrier: _____	Policy No.: (local determination) _____

Placement 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.]

Job Title: _____ Date Employment Begins: _____
 Date Employment Ends: _____

Appropriate safety instruction has been provided by the school or employer: _____ (initials of coordinator)

Date(s) of Safety Training: _____

Hours to be worked:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Avg. Hrs. Per Day*: _____ Max Hrs. Per Week**: _____ Starting Wage (if paid): _____

*Cannot compute to more than 1/2 of the pupil's FTE. **Work and school hours cannot exceed 48 hours per week for students under age 18

Number of credit hours to be granted: _____

Name of Related State-Approved CTE Program: _____

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

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. Attached

Student Responsibilities [Local district determines these responsibilities]

1. Transportation to and from the training site, for the duration of the placement, is the student's responsibility.
2. The trainee must maintain a passing grade in the related course to pass the work experience and remain in the program.
3. Any student who will be tardy or absent from the scheduled work time must notify their employer.
4. Any student who skips school, will have the work-based learning placement reviewed and may be removed from the program.
5. Should any problems arise at work or school that may affect the student's placement, the student should notify the coordinator immediately.
6. Students are required to obtain permission from the designated vocationally certified teacher/coordinator before quitting any work-based learning placement.
7. Students are 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. Students will adhere to all safety requirements specific to this placement as identified by MIOHSA and their supervisor.
9. Students who are absent from school are not permitted to work that day at their placement and must notify the employer.

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. The vocationally certificated teacher/coordinator makes at least one visit, every nine weeks, to the training site.
3. The student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
4. High school completion credit will be granted upon successful completion of the placement.
5. Daily attendance is recorded.
6. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.

Employer Responsibilities [Local district determine these responsibilities]

1. 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.
2. The employer will ensure the student learner's employment activity is supervised by an experienced and qualified person (work-based learning mentor), and will complete trainee performance evaluations and verify attendance as required.
3. A written evaluation of student performance will be completed based on the performance elements/job skills listed on the attached training plan.
4. The employer will provide a training site that is free of obvious hazards that could cause potential injury or harm to the student.

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

 Vocationally Certificated Teacher/Coordinator Signature

Date

 Principal or Designee Signature

Date

 Employer Printed Name and 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.