SAMPLE

Work-Based Learning Plan and Agreement

Office of Career and Technical Education

Co-op Shadowing	Mentoring	Entrepreneurship					
Apprenticeship Service-Learning	Internship	School Enterprise					
Student Information							
Student's Name:	Da	te:					
SSID Number:	Da	te of Birth:					
Student's Street Address:							
City:	State:	Zip:					
Cell Phone Number:							
E-mail Address:							
School Info	rmation						
School:							
District:							
School's Street Address:	State:	7in:					
City: Phone Number:	State.	Zip:					
Pathway/Program Information							
1 3.3111 3.41 1 3.81 3.							
CTE Program Area:							
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CTE Program Area:							
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator:							
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable 1)							
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable 1) Community/Business							
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable¹) Community/Business Business Name:							
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable 1) Community/Business Business Name: Street Address: City: Phone Number:	Partner Info	rmation					
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable 1) Community/Business Business Name: Street Address: City: Phone Number: Worksite Supervisor's Name:	Partner Info	rmation					
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable*) Community/Business Business Name: Street Address: City: Phone Number: Worksite Supervisor's Name: Worksite Supervisor's Title:	Partner Info	rmation					
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable*) Community/Business Business Name: Street Address: City: Phone Number: Worksite Supervisor's Name: Worksite Supervisor's Title: Worksite Supervisor's Background Check(s)	Partner Info	rmation					
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable¹) Community/Business Business Name: Street Address: City: Phone Number: Worksite Supervisor's Name: Worksite Supervisor's Title: Worksite Supervisor's Background Check(s) Student's Work Schedule (Days and Hours):	Partner Info	rmation					
CTE Program Area: Certified Program Area Teacher: Work-Based Learning Coordinator: (If Applicable*) Community/Business Business Name: Street Address: City: Phone Number: Worksite Supervisor's Name: Worksite Supervisor's Title: Worksite Supervisor's Background Check(s)	Partner Info	rmation					

¹ Work-Based Learning Coordinator signature is required henceforth if the coordinator is not the program area teacher.

Based on the type of work-based learning, complete each of the following that are applicable:

General Workplace Competencies

	Students will be	evaluated or	n the follow	ing workplac	e competencies:
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- Attendance/Punctuality
- Appropriate Dress
- Positive Attitude
- Dependability
- Initiative
- Ability to Follow Directions
- Job Knowledge
- Cooperation

- Adaptability/Flexibility
- Relationships with Co-Workers
- Time Management
- Quality of Work
- Quantity of Work
- Abides by Company Rules/Regulations
- Safety/Equipment
- Other as Determined by Placement

Technical Skills/Competencies (Hazardous Occupations*)

List any technical skills/competencies required for the placement:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Occupational Safety Competencies

List any occupational safety competencies required for the placement:

- 1.
- 2.
- 3.
- 4. 5.
- 6.
- 7.

^{*}Additionally, the <u>addendum</u> for "hazardous occupations" shall be completed if the placement is associated with an exemption for hazardous occupations.

Student's Name:

School Year:

The student agrees to:

- be courteous and considerate of the employer, co-workers, and others;
- keep the employer's best interest in mind and to be punctual, dependable and loyal;
- notify the employer and the coordinator as soon as possible if they are not able to attend work and/or school;
- keep such records of work experiences and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines;
- conform to the policies, procedures and regulations of the employer and the school;
- maintain a satisfactory performance level while on the job;
- abide by the WBL Plan/Agreement developed by the teacher, coordinator and employer.

The teacher and/or coordinator agrees to:

- prepare, with assistance of the training supervisor, a WBLPlan/Agreement;
- revise the WBL Plan/Agreement as needed to improve the student's work experience;
- visit the student on the job as often as appropriate to the WBL experience to determine
 instructional needs and to ensure that the student receives job training and supervision, as well as
 a variety of job experiences;
- maintain confidentiality related to the information gathered from the company/business;
- adequately train and prepare the student for success, prior to the WBL placement.

The parent/guardian agrees to:

- accept responsibility for the student's safety and conduct while traveling to and from school, place
 of employment and/or home;
- support the concepts of work-based learning experiences;
- abide by the WBL Plan/Agreement for hazardous occupations, when applicable.

The employer agrees to:

- take an active part in the training and supervision of the student while providing instruction in accordance with the WBL Plan/Agreement;
- provide safety training as required by OSHA;
- assist the teacher/coordinator in the evaluation of the student's performance on the job by completing the necessary evaluation forms, when required;
- provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards;
- give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations of the business;
- comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age;
- comply with all laws regarding wages and hours of minors and student learners;
- contact the teacher/coordinator prior to the student's dismissal from employment;
- pay the student/trainee when an employer/employee agreement is negotiated;
- ensure that all supervising employees have completed a criminal background check;
- maintain confidentiality of student information in accordance with state and federal law.

this student is covered by Worker's Compensation Ins force and registered with the Kentucky Department of 342.630 (or with the appropriate agency, if the place of Kentucky).	Workers Claims as prescribed by KRS				
Required Signatures					
Student:	Date:				
Worksite Supervisor:	Date:				
Certified Program Area Teacher:	Date:				
Work-Based Learning Coordinator:	Date:				
Principal:	Date:				
Parent/Guardian:	Date:				
Work-Based Learning Plan/Agreement Distribution					
Copies of the Work-Based Learning Plan/Agreement have been sent to the following:					
Employer Principal Student Certified Program Area Teacher WBL Coordinator Parent/Guardian					

oxedge If this agreement is for a paid work-based learning placement, the employer certifies that

