

Career and Technology Education Work-Based Learning An Implementation Guide



Published by the
Office of Career and
Technology Education



South Carolina
Department of Education

Together, we can.

TABLE OF CONTENTS

South Carolina Department of Education Office of Career and Technology Education Personnel Contact Information	1
Description	
Work–Based Learning Opportunities	2
Guidelines	3
Career Clusters and Work-Based Learning Course Codes.....	4
Glossary	5
Sample Documents	
Application for Enrollment	7
Teacher Recommendation for Work–Based Learning.....	9
Questions for Student Interview.....	10
Interview Evaluation Form.....	11
Hazard Occupation Exemption Form.....	12
Potential Work Site Evaluation Check Sheet.....	13
School to Work Assignment Form.....	15
Agreement Form.....	16
Activities for the Employer.....	17
Training Agreement.....	18
Training Plan.....	20
Parent/Guardian Work–Based Learning Permission Form.....	21
Insurance and Emergency Information Form.....	22
Weekly Wage and Hour Report.....	23
Orientation to Work Site.....	25
Work Site Visitation Teacher Summary.....	26
Work–Based Experience Evaluation Report.....	27
Student Evaluation of Work Site.....	28

South Carolina Department of Education (SCDE)
Office of Career and Technology Education (OCTE)
Personnel Contact Information

Direct questions related to work-based learning experiences (non-credit bearing) and/or work-based learning courses (credit bearing) to the following individuals:

Career Cluster	Contact Person
<ul style="list-style-type: none"> ▶ Health Science 	<p>Nancy Allen 803-734-0372 nallen@ed.sc.gov</p>
<ul style="list-style-type: none"> ▶ Business, Management, and Administration ▶ Finance ▶ Information Technology ▶ Marketing, Sales, and Service 	<p>Tony Dillon 803-734-7168 tdillon@ed.sc.gov</p>
<ul style="list-style-type: none"> ▶ Agriculture, Food, and Natural Resources 	<p>William E. Keels 803-788-5700, ext. 31 fax: 803-736-4418 wkeels@clemsun.edu</p>
<ul style="list-style-type: none"> ▶ Education and Training ▶ Hospitality and Tourism ▶ Human Services 	<p>Eleanor Glover 803-734-3826 eglover@ed.sc.gov</p>
<ul style="list-style-type: none"> ▶ Arts, Audio-Video Technology, and Communications ▶ Law, Public Safety, Corrections, and Security ▶ Science, Technology, Engineering, and Mathematics ▶ Transportation, Distribution, and Logistics 	<p>B. T. Martin 803-734-3398 btmartin@ed.sc.gov</p>
<ul style="list-style-type: none"> ▶ Architecture and Construction ▶ Manufacturing 	<p>Jim Spencer 803-734-8267 jspencer@ed.sc.gov</p>

To send a fax to SCDE OCTE personnel, dial 803-734-3525.

WORK-BASED LEARNING OPPORTUNITIES

The Office of Career and Technology Education (OCTE) recognizes that different types of work-based learning opportunities for students may exist in school districts and multi-district centers. The explanations provided below are intended to show a distinction between a Career and Technology Education (CATE) Work-Based Learning **Experience** and a CATE Work-Based Learning **Course**. Non-CATE work-based opportunities may be available in a district; however, the information provided in this document applies to CATE related work-based opportunities only.

A **Work-Based Learning Experience (non-credit bearing)** occurs when the student is enrolled in a CATE course and participates in a short-term work-based experience (such as structured field trip, school-based enterprise, job shadowing, internship, mentoring, service learning, etc.). The work-based learning experience is appropriate for all students, may be short-term in nature, and provides an opportunity for learning as part of a CATE course.

- For example, a Health Science Technology 2 student participates in a clinical rotation as a part of his or her final level course. In this situation, the student will receive Carnegie credit(s) for successful completion of the Health Science Technology 2 course.
- In another example, a final level, second-semester automotive technology student participates in a work-based learning experience at a local automobile dealership. The student will receive Carnegie credit(s) for successful completion of the Automotive Technology 4 course.
- Another example would be in Child Development 2, where students have an opportunity to visit and work in childcare centers as a part of the course. In this situation, the student will receive Carnegie credit for successful completion of the Child Development 2 course.

A **Work-Based Learning Course (credit-bearing)** is a structured, stand-alone course that is taken within a CATE Classification of Instructional Programs (CIP)-coded program. Each work-based learning **course** (credit bearing) has an assigned CATE course code. The guidelines (listed below) must be followed in order to award the Carnegie unit of credit upon successful completion of the course.

Work-Based Learning Course Guidelines (credit-bearing)

1. The student is supervised by a **content-specific, certified teacher** (for example, a certified health science technology instructor supervises health science related courses).
 - For example, in the accounting major a student elects to participate in the work-based learning course as a bookkeeper or other financial related occupation. The student may be eligible for the work-based learning course after the completion of three courses in the related major.
 - In another example a student who completes a summer internship with AYES (Automotive Youth Education System) in an automotive dealership supervised by a teacher is eligible for work-based learning course. The student is mentored by a certified automotive technician.
 - Another example would be a health science student who has mastered the standards of Health Science Technology 1 and 2 could participate in a work-based learning course in a healthcare facility.
2. One unit of credit is granted for the satisfactory completion of an approved course in which a student attends at least 120 hours or more yearly as outlined in State Board of Education Regulation: 43-234 Defined Program, Grades 9-12. Only one unit of work-based learning credit may be awarded toward CATE completer status. Additional units of work-based credit may be used for state elective graduation requirements.
3. The work-based learning course is related to a content-specific CATE course. For example, a student working in an accounting firm must be taking an accounting course and must be supervised by an appropriately certified business education teacher. Students who are eligible for a work-based learning course (credit-bearing) must have completed at least two units in a state recognized CATE program and be enrolled in the subsequent course to be eligible for participation. Other options may be approved by the appropriate CATE education associate.
4. The work-based learning (credit-bearing) course must be a part of the student's major, career goal, and individual graduation plan (IGP).
5. Curriculum standards and employability skills which are specific to the CATE course must be mastered during the work-based experience and documented.
6. Graded assignments which are related to the course content and aligned to the school's grading scale (no pass/fail grading structure) are required.
7. Regularly scheduled and unannounced work-site visits are to be conducted by the supervising teacher and documented.
8. School districts provide evidence of student(s) insurance coverage with respect to work-based learning to include: South Carolina School Boards Property/Casualty Insurance Trust Fund and South Carolina School Boards Workers' Comp. Insurance Trust Fund
9. All required paperwork must be complete and on file.

A school may choose to offer credit-bearing work-based learning courses for students in the following career clusters:

Career Clusters and Work-Based Learning Course Codes

Agriculture, Food, and Natural Resources, work-based credit	5690
Architecture and Construction, work-based credit	6690
Arts, Audio-Video Technology, and Communications, work-based credit	5290
Business, Management, and Administration, work-based credit	5490
Education and Training, work-based credit	6390
Health Science	
o Health Science, work-based credit	5590
o Sports Medicine, work-based credit	5591
Hospitality and Tourism, work-based credit	5190
Human Services	
o Family and Consumer Sciences, work-based credit	5890
o Human Services, work-based credit	5790
Information Technology, work-based credit	5390
Law, Public Safety, Corrections, and Security, work-based credit	6590
Manufacturing, work-based credit	6490
Marketing, Sales, and Service, work-based credit	5091
Science, Technology, Engineering, and Mathematics	
o Pre-Engineering/Industrial Technology Education, work-based credit	6090
Transportation, Distribution, and Logistics, work-based credit	6790

Glossary of Terms

Clinical Rotations provide students with opportunities to explore a variety of health careers, develop knowledge and skills related to healthcare, and transition from the role of student to that of professional. Students rotate among various departments of local healthcare facilities or community facilities to develop an awareness of the many related career opportunities. Unpaid work-based instructional opportunities must be planned and supervised cooperatively by the local education agency and the training sponsor. In the classroom, students are expected to master the essential knowledge and skills of health science coursework prior to participation in this experience. This learning experience usually occurs during the regular school day and is an integral component of a health science program.

Cooperative Education programs coordinate high school or postsecondary studies with a job in a field related to academic or technical education objectives. Students and participating businesses develop written training and evaluation plans to guide workplace activities in coordination with classroom instruction. Students receive course credit for both their classroom and work experiences. Academic credit, compensation, and activities vary with the course of study.

Internship is a one-on-one relationship that provides “hands-on” learning in an area of student interest. A learning contract outlines the expectations of and responsibilities of both parties. The protégé works regularly during or after school for three or four hours a week in exchange for the mentor’s time in teaching and demonstrating. The internship generally lasts from three to six months and may or may not include financial compensation.

Mentoring experience engages a student with a particular employer’s employee who possesses workplace skills and knowledge to be mastered by the student. The mentor instructs the student, critiques the performance of the student, challenges the student to perform well, and works in consultation with classroom teachers and the employer of the student. The relationship generally lasts a year, with the mentor maintaining occasional contact with the protégé for an additional one to two years.

Registered Apprenticeship is an adult educational program that is registered with the U.S. Department of Labor’s Bureau of Apprenticeship and Training. The traditional apprenticeship program is designed for adults, but may be linked to an approved youth apprenticeship program in grades 11-12. Apprenticeships are formal relationships between an employer and employee during which the worker, or apprentice, is paid while learning a specific occupation in a structured program.

School-Based Enterprises focus on the development of small businesses created, managed, and operated by students within the school setting. These ventures support the development of academic, technical, and entrepreneurial skills in an applied academic environment. Enterprises may be undertaken on or off school grounds.

Service Learning activities are structured experiences for one or more students at a work site or community agency. Students work on specific activities each week during or after school. Under close adult supervision, students develop work skills and learn how to conduct themselves in work situations. Service learning activities should model guidelines developed by the National and Community Service Trust Act (NACSTA), covering the four stages of preparation, action, reflection, and celebration. One-time community service events should not be counted for work-based learning (WBL) purposes.

Shadowing: On-Site is a short-term experience to introduce a student to a particular job by a one-on-one pairing of a student with an employee in a work environment. The student follows or “shadows” the worker for a specified time to better understand the requirements of a particular career. Group field trips and classroom presentations should not be considered shadowing experiences.

Shadowing: Virtual can be a very productive experience for students. This approach is used to support providing work-based learning opportunities for students across the state, especially in rural areas where business partners are more difficult to access either because of distance or the lack of sufficient partners to meet student needs.

It is critical that, when virtual shadowing is provided, the virtual experience be assessed for (at a minimum) those components that constitute quality virtual shadowing experiences, including virtual tours of the facilities, businesses, etc. with content provided, the capability to conduct virtual question/answer exchanges, the overall quality of the site’s features (user friendly, technical features promoting interest, etc.), the length of the experience, etc. As is the case with all quality work-based learning experiences, some type of product should be expected from the student. This could be a written or oral presentation, a research document on the career field, etc.

Virtual shadowing can provide a legitimate shadowing experience for students, but brief visits to Web sites that do not provide the detail and connectivity to personnel that students have in on-site experiences should be avoided.

Structured field trip is a specially planned experience that provides opportunities for students to explore different workplaces. Students are well-prepared beforehand to ask probing questions about employment opportunities, qualifications for employment, job descriptions, benefits associated with the job, types of services provided, and general information about the place of employment and its mission.

Youth Apprenticeship begins in the eleventh grade for students who are age 16 or older. This activity combines classroom instruction (at both secondary and post-secondary levels) with one to two years of on-the-job learning, and results in a “certification of mastery” of specific technical skills. A youth apprentice may matriculate to a registered apprenticeship program after high school. These types of apprenticeships may or may not include financial compensation.

APPLICATION FOR ENROLLMENT

PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Date _____			
Name			
Last	First	Middle	Maiden
Present Address			
Number	Street	City	State Zip
Social Security No. [- -]	Telephone ()	Cell Phone ()	
Age	Date of Birth [- -] <i>(Birth Certificate Required For Work Permit)</i>		
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Career and Technical Education Program Completed or Enrolled In:			
Career Objective: 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____			
Indicate the type of business in which you prefer to work: <i>(Example: bank, dental, retail store, legal, manufacturing, insurance, automotive, medical, etc.)</i>			
First Choice _____		Second Choice _____	
Parent/Guardian Name(s)		Business or Cell Telephone ()	
Parent/Guardian Address			
Number	Street	City	State Zip
Are you interested in summer employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Do you intend to further your formal education after high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any health problems that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			

Previous Work Experience *(List most recent position first.)*

Employer	Type of Work	Employment Dates

Current Class Schedule

Time	Class	Teacher	Grade Point Avg.

List as references the names of three (3) teachers who can attest to the quality of your work. One must be your current or previous occupational teacher.

1. _____ (CATE Teacher)
2. _____
3. _____

To the Student:

Work-Based Learning provides an opportunity to be considered for employment in business and industries in our area. When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.

Student Signature _____ Date _____

To the Parent/Guardian:

Do you consent to your child entering Work-Based Learning, providing transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: _____ Date _____

TEACHER RECOMMENDATION FOR WORK-BASED LEARNING

Date: _____

To: _____

From: _____

Student: _____

Subject: _____

A number of corporations and businesses have expressed their commitment to South Carolina by agreeing to participate in the school district's work-based learning program. Their responses represent the opportunity for a mutually beneficial relationship among the schools and corporations and businesses in this county.

The school district's work-based learning program introduces the student to a particular occupation by pairing the student with a supervisor. The student will participate at the work-based learning site for a specified period of time to develop a better understanding of the requirements of a particular career. One of the objectives of the work-based learning program is to recognize the unique interest of each student and provide career and job experience to help students become more focused on a career goal.

Students must be recommended to participate in the work-based learning program. This form must be completed by the teacher prior to placing the student in the program. Please give your candid assessment of the above student's academic performance, intellectual promise, and personal qualities by completing the following checklist.

Check the appropriate responses:

	Excellent	Good	Fair	Poor
Motivation and attitude toward learning	_____	_____	_____	_____
Ability to follow directions	_____	_____	_____	_____
Attitude toward authority	_____	_____	_____	_____
Ability to work in groups	_____	_____	_____	_____
Willingness to conform to rules and regulations	_____	_____	_____	_____
Enthusiasm and interest toward school work	_____	_____	_____	_____
Display of courtesy and respect	_____	_____	_____	_____

Comments: _____

QUESTIONS FOR STUDENT INTERVIEW

1. What do you believe is the purpose of work-based learning?
2. Why do you want to enroll in work-based learning?
3. Have you ever been employed before? If so, describe your job.
4. What are your plans following high school? Have you considered additional training?
5. In what ways will work-based learning help you?
6. Is there any reason why you could not work fifteen (15) to twenty (20) hours weekly next year? What are your plans to participate in activities during your final year at high school?
7. Are you currently a member of a student organization? Why? Why not?
8. What subjects do you find most enjoyable?
9. What special training would you expect to receive from your coordinated studies instruction?
10. Where did you first hear about work-based learning?
11. What do you want to do to earn a living?
12. How do you learn outside of the classroom?
13. Are you willing to work for a sub-minimum wage in order to gain work experience and a future job reference?
14. What courses do you plan to take next year?
15. What are your arrangements for transportation?
16. Would you change your appearance to participate in work-based learning? (For example: cut hair, no nail color, short nails, no miniskirts, remove earring, etc.)
17. Do you have a preference of where you would like to work?

WORK-BASED LEARNING INTERVIEW EVALUATION FORM

Student Interviewed: _____ Career Objective/Pathway: _____

	Above Average	Average	Poor
Appearance			
Personality			
Desire to be enrolled in the program			
Concept of program's purpose			

Summary of student's interests, abilities, and adaptability relative to career objective:

Student's plans following high school:

Work experience:

Reaction when asked if he/she would change personal appearance in order to become employable or keep employment: _____

Reaction to student organization: _____

Possible Job Sites: _____

Comments: _____

WORK-BASED LEARNING HAZARDOUS OCCUPATION EXEMPTION FORM

Date _____

This is to certify that _____ is a student in
(Name of student)

Work-Based Learning at _____, SC.
(School) (City)

1. The work of the student in the occupation declared hazardous shall be incidental to this training and shall be under the direct and close supervision of a qualified and experienced person.
2. Safety instructions shall be given by the school and correlated by the employer with on-the-job training. Documentation will be kept regarding type, amount, and process for safety training.
3. A schedule of organized and progressive work processes to be performed on the job shall have been prepared and agreed upon by the employer and school representative.

We certify that the conditions mentioned above will be fulfilled.

Signed _____ Date _____
(CATE Supervising Teacher)

Signed _____ Date _____
(Employer)

WORK-BASED LEARNING POTENTIAL WORK SITE EVALUATION CHECK SHEET

Potential Work Site _____ Mentor _____

Address _____ Telephone _____

Date of Interview _____ Person Interviewed _____

Job Classifications Available

Job Entrance Tests: () Yes () No What Types?

Skill Standards Required

	Yes	No
Is the attitude of the employer conducive to effective cooperation with the school in the operation of work-based learning?		
Are there provisions for a range of on-the-job experiences?		
Are the equipment and facilities satisfactory?		
Is the employer willing to work with the teacher to develop a training plan for a specific career objective?		
Does the potential work site employee morale seem conducive to satisfactory relationships for students?		
Does the instructional potential of the work site seem satisfactory?		
Is the work site satisfactorily located?		
Will the monetary compensation be adequate?		
Is there evidence of progressive skill-building opportunities?		

	Yes	No
Did the employer ask to see a transcript or to be provided with documentation of acceptable academic performance and attendance?		
Does the employer agree to cooperate with the school to train a student?		
Are the wages to be paid to students comparable to that paid to other beginning learners in the position?		
Does the employer agree to rotate the student through various job processes upon reaching the proficiency level required for satisfactory performance in the career?		
Does the employer agree to observe all applicable child labor and wage laws and be in compliance with the Office for Civil Right regulations?		
Does the employer agree that the student will not displace a full-time worker?		
Does the employer agree to work the student a minimum of fifteen (15) hours per week?		
Does the employer agree to objectively evaluate the standards demonstrated by the student on skills identified in the training agreement?		
Does the employer agree to train the student during school release time?		
Is the work site within reasonable travel distance of the school?		
Does the work site meet other criteria as outlined in the <i>Work-Based Learning Implementation Guide</i> ?		

Comments: _____

Signed: _____ Date: _____

SCHOOL TO WORK ASSIGNMENT FORM

TO: _____
(Name of Student)

FROM: _____
(Name of CATE Supervising Teacher)

DATE: _____

SUBJECT: Work-Based Learning Assignment

Your Work-Based Learning Assignment is scheduled from:

_____ To _____
(Starting Date) (Ending Date)

From _____ a.m./p.m. to _____ a.m./p.m.
(Start Time) (End Time)

with _____
(Name of Company)

Your contact person at the job site will be:

Contact's phone number: _____

Company address: _____

Note: If you have any questions about your work-based learning assignment, please contact your CATE supervising teacher.

Work-Based Learning Agreement Form

Student's Name: _____
Address: _____
Phone: _____ Student ID Number: _____
Age: _____ Date of Birth: _____ Grade: _____
Work Site: _____
Address: _____
Phone: _____
School: _____
Coordinator: _____ Phone: _____
Parent/Guardian: _____ Phone: _____

All parties jointly agree to the following:

1. There may be monetary compensation for participation in the Work-Based Learning program.
2. The Work-Based Learning experience shall be at a business/industry site directly related to the occupational interest expressed by the student.
3. The parent or guardian shall be responsible to the school for the conduct of the student who is participating in the Work-Based Learning program.
4. Safety instructions will be provided by the employer.
5. Adequate insurance coverage for the student will be provided by:
 6. (List who has coverage: school, parents, business, etc.)
 7. This agreement may be terminated, after consultation with the coordinator, for due cause or for unforeseen business conditions.
 8. The Work-Based site shall conform with all federal, state, and local labor laws while providing the student with a variety of work-site experiences.
 9. The Work-Based site shall provide an evaluation of the student after the experience.
 10. The student will remain at the Work-Based site for an agreed upon time period.
 11. The Work-Based learning program will last from _____ until _____
(Beginning Date)

(End Date)
 12. The student's working hours will be from _____ a.m./p.m. until _____
(Starting Time)
_____ a.m./p.m.
(Ending Time)
 13. The parent or guardian will provide transportation for the student to and from the Work-Based site.
 14. Students will be accepted and assigned to sites without regard to race, color, national origin, sex, handicap, or disadvantage.

(School Administrator)

(Employer)

(Teacher)

(Student)

SUGGESTED WORK-BASED ACTIVITIES FOR THE EMPLOYER

Name: _____ Home Phone: _____

School: _____ School Phone: _____

Coordinator: _____

Work-Based Learning Site: _____

Work-Based Learning Supervisor: _____

Work-Based Learning Occupation: _____

Suggested Activities:

1. Introduce the student to the staff.
2. Explain the work-based learning position.
3. Tour the facility (if possible/practical).
4. Create a work-based learning plan for the student related to his/her career interest. This plan must be completed in advance of the student's arrival.
5. Expose the student to the same routine a new employee would experience.
6. Answer questions that the student has regarding the job.

As a supervisor, offer the student answers to the following questions:

1. Describe your occupation. (What are your duties?)
2. Describe the working conditions associated with the position (i.e., physical working conditions, amount of overtime required, stress level, amount of responsibility, amount of travel required, etc.)
3. What is your educational background? What school courses do you feel would be most helpful to prepare for your position?
4. What do you enjoy most about your position?
5. What do you find most difficult, stressful, etc. about your position?
6. What recommendations would you offer to someone who is interested in entering a similar position?
7. In your opinion, what type of attitude, personality traits, or personal characteristics are important in order to be successful in your career field?
8. What opportunities are there for advancement in your career field and related fields?
9. What are the starting salaries and educational requirements at this company for persons who hold the career positions in which the student has interest?
10. What does this company do to encourage its employees to continue their education?
11. What are some good ways for students to find out about your career?

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, handicap, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discriminate on in any program or activity.

TRAINING AGREEMENT FOR WORK-BASED LEARNING PROGRAM

Student's Name _____ Birth Date _____ Age _____
Student's Address _____
Telephone _____ Cell Phone _____ E-mail _____
Program of Study _____ Job Title _____
School Name _____ District _____
Work Site _____ Telephone _____
Work Site Address _____
Work Site Supervisor _____ Mentor _____
Date Training Period Begins _____ Ends _____

This training agreement briefly outlines the responsibilities of the student, parents, employer, and the teacher. The second part of this document is entitled "Training Plan" and consists of standards for the specific student's program of studies.

Parent/Guardian

1. Approves and agrees that the student may participate in work-based learning at the work site listed above.
2. Encourages the student to effectively carry out the work experience requirements both in the classroom and on the job.
3. Assumes responsibility for the conduct of the student.
4. Provides transportation for the student to and from the work site.
5. Holds school and teacher harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Student

1. Complies with the rules and regulations of the work site.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration and the teacher.
4. Is an active member of the student organization related to the program of study.
5. Shall not displace adult workers who can perform such work as assigned in the work-based experience.

Teacher

1. Assists in securing an appropriate work-based experience based on the student's program of study.
2. Works with the supervisor/mentor in developing training plan for the student.
3. Visits work site at least once per month to confer with the employer and student; verify that student's duties correlate with job description; observe working conditions; help develop progressive skill-building activities; observe and evaluate student progress; and resolve questions, issues, or concerns.

4. Counsels the student about his/her job progress, behavior, attitude, academics, etc.
5. Terminates employment when it serves the best interest of the student as determined in collaboration with the employer.
6. Determines the student's final grade for work-based learning.
7. Reinforces work-based experiences with related classroom instruction.

Employer

1. Recognizes that the student is enrolled in work-based learning aligned to their program of study.
2. Provides supervision and instruction in each of the applicable tasks listed on the training plan to assist the student in mastering standards necessary for success in the career objective.
3. Evaluates and documents student progress.
4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.
5. Adheres to wage and hour; child labor; and all other federal, state, and local laws pertaining to student employment.
6. Complete and return the work-based experience evaluation and return to teacher on the required date.

(Parent/Guardian)	(Employer)	(Student)
(Teacher)	(School Administrator)	(Date)

Parent/Guardian Work-Based Learning Permission Form

My child, _____ (_____) has my permission to
(Name of Student) (Birthdate)
Participate in a school-to-work activity at _____ beginning
(Work Site Location)
_____ and ending _____.
(Date) (Date)

I will be responsible for arranging transportation for my child to and from the work site. My permission is given for my child to receive emergency medical treatment in case of injury or illness. I understand that school personnel will not be present when the student is at the site and will not be responsible for my child.

TO BE COMPLETED BY THE SCHOOL REPRESENTATIVE

Name of Employer: _____
Address of Employer: _____
Nature of Work: _____

Are employees at this work site engaged in hazardous occupations? ___ Yes ___ No

Will the work-based learning opportunity for this student involve a hazardous occupation as defined under the Federal guidelines? ___ Yes ___ No

Nature of work to be performed in this work-based learning activity: _____

Employer/Contact: _____ Phone: _____

TO BE COMPLETED BY THE PARENTS OR GUARDIAN:

Transportation Arrangements: _____
Home Address: _____ Home Phone: _____

The district shall not be liable for any injuries sustained by the student's participation in this program. I have read the above information and fully understand and agree with the content.

(Parent/Guardian Signature) (Date) (Work Phone)

(Parent/Guardian Signature) (Date) (Work Phone)

Insurance and Emergency Information Form

Personal Data

Student's Name: _____ Birth Date: _____

Student's Home Address: _____

Student's Social Security Number: _____ Home Phone: _____

School Name: _____ Counselor: _____

Address: _____ Phone: _____

<u>Insurance Coverage</u>	<u>Yes/No</u>	<u>Family</u>	<u>School</u>	<u>Employer</u>
Liability and/or Bonding	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____

Name of Health/Accident Insurance Company: _____

Insured: _____ Policy#: _____

(Note: Please identify who is providing coverage by placing an (X) in the appropriate space.)

Student Medical Information

List medical information about the student that would be helpful in case of emergency.

Allergic to medications? () Yes () No

If yes, what medications? _____

List any allergies or other medical problems of the student: _____

Family Information

Parent/Guardian Name: _____ Work Phone: _____

Employer Name/Address: _____

Parent/Guardian Name: _____ Work Phone: _____

Employer Name/Address: _____

Parent/Guardian Home Address: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Student's Signature

Date

Note: This form should be kept on file at the school. If the student is participating in a work-based learning activity a copy should also be kept on file at the work-site.

WORK-BASED LEARNING WEEKLY WAGE AND HOUR REPORT

Student _____ Job Title _____ Work Site _____

Supervisor _____

Month _____ Year _____ Supervisor Initials _____

Month _____ Year _____ Supervisor Initials _____

Week	Number of Hours Worked							Total Hours Worked	Rate Of Pay	Total Gross Wages
	Sun	Mon	Tues	Wed	Thur	Fri	Sat			
1										
2										
3										
4										
5										
Total										

Week	Number of Hours Worked							Total Hours Worked	Rate Of Pay	Total Gross Wages
	Sun	Mon	Tues	Wed	Thur	Fri	Sat			
1										
2										
3										
4										
5										
Total										

Month _____ Year _____ Supervisor Initials _____

Month _____ Year _____ Supervisor Initials _____

Week	Number of Hours Worked							Total Hours Worked	Rate Of Pay	Total Gross Wages
	Sun	Mon	Tues	Wed	Thur	Fri	Sat			
1										
2										
3										
4										
5										
Total										

Week	Number of Hours Worked							Total Hours Worked	Rate Of Pay	Total Gross Wages
	Sun	Mon	Tues	Wed	Thur	Fri	Sat			
1										
2										
3										
4										
5										
Total										

Student _____

Month _____ Year _____ Supervisor Initials _____

Week	Number of Hours Worked							Total Hours Worked	Rate Of Pay	Total Gross Wages
	Sun	Mon	Tues	Wed	Thur	Fri	Sat			
1										
2										
3										
4										
5										
Total										

Month _____ Year _____ Supervisor Initials _____

Week	Number of Hours Worked							Total Hours Worked	Rate Of Pay	Total Gross Wages
	Sun	Mon	Tues	Wed	Thur	Fri	Sat			
1										
2										
3										
4										
5										
Total										

CUMULATIVE RECORD

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Hrs. Fwd												
Hrs. This Month												
Hrs. Y-T-D												
Wages Forward												
Wages This Month												
Wages Y-T-D												

ORIENTATION TO WORK SITE

STUDENT'S NAME _____ DATE _____

WORK SITE _____ SUPERVISOR _____

Instructions: Please provide the following information to your student employees. Check each item as it is completed. Return the completed form to the teacher.

Company Orientation

- _____ 1. Give student copies of printed materials (handbook, brochures, etc.).
- _____ 2. Explain the company's history.
- _____ 3. Describe the company's service/product line(s).
- _____ 4. Discuss company policies and procedures regarding:
 - () Hours of operation/work
 - () Overtime policies
 - () Pay time period
 - () Vacation policy
 - () Holiday policy
 - () Appropriate dress and grooming
 - () Safety rules
 - () Emergency procedures
 - () Absentee procedures
 - () Parking
 - () Arrival procedures
 - () Departure procedures
- _____ 5. Describe employee benefits such as:
 - () Discounts
 - () Educational assistance
- _____ 6. Describe the relationship of the department to the company (if applicable).
- _____ 7. Discuss specific company/departmental rules including:
 - () Breaks
 - () Work schedules
 - () Days off
 - () Presence of food at work station
- _____ 8. Introduce co-workers.
- _____ 9. Explain job responsibilities of co-workers.
- _____ 10. Identify training sponsor/mentor.

Job Orientation

- _____ 11. Show student her/his workstation.
- _____ 12. Describe student's responsibilities.
- _____ 13. Explain the importance of the student's responsibilities to the organization.

(Employer/Mentor) (Date)

(Student) (Date)

WORK SITE VISITATION TEACHER SUMMARY

Student's Name _____ Job Title _____
Work Site _____ Supervisor _____
Contact Person (*today's visit*) _____ Date: _____

Purpose of Visit: Student Observation Student Evaluation Counseling
 Problem Resolution Other _____

This form must be completed each month for training station visits. Record observations, actions to be taken, and recommendations. Identify specific strengths and needed improvements.

General Observations:

Standards Observed:

Student Conference/Comments:

Work Site Supervisor Conference/Comments:

Teacher's Overall Comments On This Visitation:

Signature: _____
(Teacher)

WORK-BASED LEARNING WORK-BASED EXPERIENCE EVALUATION REPORT

Trainee _____ Supervisor/Mentor _____
 Job Title _____ Agency _____

Directions: Evaluate the personal qualities below for your student. Score the student by using the numerical key below to mark the appropriate space. List the specific job tasks that are performed by the student each grading period. Rate the student's performance using the numerical key below. Your report will be used in determining a grade and for counseling the student. Careful attention should be given so as to present a true picture of your student's work and progress each grading period.

Personal Qualities/Job Tasks Key: Excellent (9-10) Good (6-8) Fair (3-5) Poor (1-2) Unacceptable (0)

Rating of Student: Dates _____ through _____		Visits					
Personal Qualities		1	2	3	4	5	6
Attendance: Present and on time Begins work promptly							
Appearance: Clean, neat appearance, poise, orderly							
Dependability: Able to work with little supervision, follows instructions, consistent							
Leadership: Aggressive, eager to learn, resourceful, good judgment, able to inspire others							
Thoroughness: Accurate, careful, completes work							
Ability To Get Along With Others: Tactful, friendly, cooperative							
Social Habits: Good attitude, self-control, honesty							
Willingness to Work: Works overtime, performs extras							
Standards		Visits					
		1	2	3	4	5	6
TOTAL (Personal Qualities + Standards)							

Evaluator's Signature: _____ Date: _____

STUDENT EVALUATION OF WORK SITE

Student's Name _____
 Employer _____ Dates at Work Site _____
 Supervisor's Name _____

1. Duties _____

2. Is your job what you expected it to be?
 Explain: _____

3. Has your mentor been providing guidance/instructions? () Yes () No
 If yes, mentor's name: _____

4. Were you given ample instruction when you started the job? () Yes () No

5. Have you been given helpful instruction when needed? () Yes () No

6. Have co-workers been friendly and courteous? () Yes () No

7. Do you feel advancement is available if working full-time? () Yes () No

8. Were company rules and regulations explained clearly? () Yes () No

9. Please rate your supervisor(s) on the following points:

	Good	Average	Poor
Introduced you to all employees in the company department			
Explained changes which affect you			
Interested in you and your job			
Followed up counseling			

10. What are the working conditions in your business? Explain: _____

11. What can you suggest that would better the working conditions at your work site for future work-based learning students? _____

12. General comments to evaluate your training station not included in the above questions: _____
